2002 UNIFORM BUSINESS REPORT (UBR)

DOCUM 1. Entity Name RICHARD C	ENT # P98 . decker, p.a.	3000000933					
Principal Place of	f Business	Mailing Address					
2810 EAST OAKL FT. LAUDERDALE	and Park BLVD., Suite 200 FL 33306		2810 EAST OAKLAND PARK BLVD SUITE 200 FT. LAUDERDALE FL 33306				
2. Principal Place	ទ of Business ខ	3. Mailing Address					
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
	6. Name and Address of C	urrent Registered Agent					
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22. Principal Placeford Business	Principal Place of Business Mailing Address					-					
2. Principal Placefold Business Suite April # vity Suite April # vit	2010 ENGT ONIDING THAT DEVEN COLLEGE				SUITE 200						
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City & State Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DECKER, RICHARD C 2810 EAST OXALAND PARK BLVD., SUITE 200 FT. LAUDERDALE FL 33306 City City FL City FL Zip Code City FL Zip Co			City & State	City & State		4. FEI Numb	FEI Number 65-0806703				
DECKER, RICHARD C 2910 EAST OAKLAND PARK BLVD., SUITE 200 FT. LAUDERDALE FL 33306 8. The above named entity submits this statement for the purpose of changing its registered office or registrated agent, or both, in the State of Florida. SIGNATURE Gity FL Zip Code	Zip	Country	Zip	Zip Country							
DECKER, RICHARD C 2910 EAST OAKLAND PARK BLVD., SUITE 200 FT. LAUDERDALE FL 33306 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Gry. Gry. Gry.		6 Name and Address of Curre	nt Registered Agent			7. Name and	Address of New Reg	istered Ag	ent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNAT					Name		الداد صحير الداد	, -	- >- 4,	-	
2810 EAST OAKLAND PARK BLVD., SUITE 200 FT. LAUDERDALE FL 33306 City FL Zip Code 6. The above named entity aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intrangible Tax filting requirement and elects to do so. (See criteria on back) Tax filting requirement and elects to do so. (Make Check Payable to Department of State) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DECKER, RICHARD C 210 EAST OAKLAND PARK BLVD., SUITE 200 ETT. LAUDERDALE FL 33306 TITLE MAME SIRET ADDRESS CITY-ST-2P TITLE Dedde TITLE Dedde TITLE MAME SIRET ADDRESS CITY-ST-2P TITLE CITY-ST-2P TITLE CITY-ST-2P TITLE CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TITLE CITY-ST-2P TITLE SIRET	-	•		_							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florda. SIGNATURE Signature, typed or printed name of registered agent and too if applicable. (NOTE, Registered Agent signature required when remotiving) DATE			E 200		Street Address (P.O. Box Number is Not Acceptable)						
### Change Addition	FT. LAUDE	ERDALE FL 33306				- <u>-</u>					
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) The properties of					City			<u>FL</u>	Zip Code	Э	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTELEMENT OF STATE TODRESS CITY-ST-ZIP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTELEMENT OF STATE TODRESS CITY-ST-ZIP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTELEMENT OF STATE TODRESS CITY-ST-ZIP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTELEMENT OF STATE TODRESS CITY-ST-ZIP 11. ANAME 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME 1	8. The above	named entity submits this statemen	t for the purpose of changing	its registered	d office or registe	ered agent, or bo	oth, in the State of Floric	ia.			
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: =

CR2E034 (9/01)