2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000003897 1. Entity Name LISA SORIANO P.A. FILED Apr 04, 2001 8:00 am Secretary of State 04-04-2001 90011 049 ***150.00

LISA SORIANO P.A.					04-04-2001 90011 049 ***150.00		
Principal Place 201 SE 10TH - S POMPANO BEA	ce of Business ST 201 SW 15+ A ACH PL 33060 Baca Arrow PC 33432	Mailing Address 201-SE-10TH-ST > POMPANO BEACH FL 3306	301 Bock	SW 1541 4 /2440N)	AU FC 55732	#### #################################	LIN 1984 ISBN
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 65-0803186		pplied For ot Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired Search Fee Required		
	6. Name and Address of Current Registered A				7. Name and Address of New Registered Agent		
			N	Name			
201 SE 10TH ST 201 SW 1ST AVE POMPANO BEACH FL 93060 BOCK RATON FC				Street Address (P.O. Box Number is Not Acceptable)			
201	SE-10TH-ST	Sin Pros Fl	_	Circle Flad Code (1, 10, 10 and Flad Flad Flad Flad Flad Flad Flad Fla			
POM	IPANU BEACH FE-33060 624	CHE KATON .					1
33432				City		Zip Cod	e
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.	Signature, typed or printed name of registered age	nt and title it applicable (NOTI	E: Registered Age	ant signature required to	when reinstating)	DATE	}
O This corns	exetion is aliaible to notiate its Intensit	e FILE NOW!	EEE 10	£150.00	$\overline{}$		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable				be \$550.00	10. Elèction Campaign Financir Trust Fund Contribution.	+	May Be to Fees
11.	OFFICERS AN	BURECTORS	12.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE	D	☐ Delete.	TITLE			☐ Change	Addition
NAME	SORIANO, LISA 201-SE 10TH ST 201 S	11 ST AVE	NAME]
STREET ADDRESS CITY~ST-ZIP	POMPANO PEACU EL GODEO	and Parme	STREET AL CITY-ST-				}
TITLE	POMPANO BEACH FL 33060	2923 Delete	TITLE	-		☐ Change	Addition
NAME	3	3932. Delete	NAME			onunge	L. Madition
STREET ADDRESS			STREET AD	ORESS			
CITY-ST-ZIP			CITY-ST-	ZIP			
TITLE		Delete	TITLE			☐ Change	Addition Addition
NAME STREET ADDRESS			NAME STREET AC	DRESS			
CITY-ST-ZIP	· -		CITY-ST-2	ZIP			Ì
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET AD	ſ			}
TITLE		□ Delete	TITLE			☐ Change	Addition
NAME	,		NAME	İ		Carl Grand	
STREET ADDRESS			STREET AD	J			1
CITY-ST-ZIP			CITY-ST-Z	CIP			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET AD	ORESS			
CITY-ST-ZIP			CITY-ST-7	l l			\
13. I hereby o	ertify that the information supplied wi	th this filing does not qualify for	the exempti	on stated in Sec	tion 119.07(3)(i), Florida Statutes. i furth	er certify that the in	formation
of the corp changed,	on this report or supplemental report poration or the receiver or trustee end or on an attachment with an address	ns true and accurate and that in powered to execute this seport , with all other like empowered.	ny signature as required (snall have the sa by Chapter 607,	ame legal efféct as if made under oath; t Florida Statutes; and that my name app	nat I am an officer ears in Block 11 or	or director Block 12 if

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate Daytime Ph

Daytime Phone #