2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

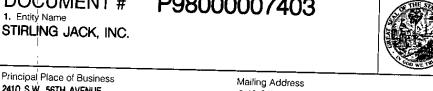
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Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90065 008 ***158.75

FILED



2410 S.W. 56TH AVENUE 2410 S.W. 56TH AVENUE HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

6. Name and Address of Current Registered Agent



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Zip Country Zip Country

5. Certificate of Status Desired

65-0806478

Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent

Applied For

KATZ, TINA S 2410 S.W. 56TH AVENUE HOLLYWOOD FL 33023

Street Address (P.O. Box Number is Not Acceptable)

City

Name

Zip Code

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. I am familiar with, and accept

SIGNATURE

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE KATZ, TINA S Change ☐ Addition NAME 2410 S.W. 56TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS! STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 10 or Block 11 if