## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2001 8:00 am Secretary of State

DOCUMENT # P98 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					Secretary of State 05-23-2001 91168 028 ***150.00			
Principal Place of Business  18526 NE ZND Ave  Mailing Address  SAME  MIAMI, TL 33179					Mai wa a a a			
2. Principal Place of Business 18526 NE 2ND Avenue 18526 NE			ZND Ave		771223			
Suite, Apt. #, etc. Suite, Apt. #,					DO NOT WRITE IN THIS SPACE			
City & State		City & State	FL Country		4. FEI Number 65Φ818850		F	oplied For ot Applicac -
331.79	Country VSA  6. Name and Address of Current R	Zip33179	USA		Certificate of Status Desired     Name and Address of New Re	F	ee Require	
Bocock, H. Albert 18526 NE ZND AVENUE			Name  Street Address (P.O. Box Number is Not Acceptable)					
MIAN	m, FL 33	179	City			FL	Zip Cod	e
SIGNATURE Sign  9. This corporation	ature, typed or printed name of registered agent and on is eligible to satisfy its Intangible irement and elects to do so.  OFFICERS AND DI	of title if applicable. (NOT	Registered Agent signatur FEE IS \$150.0	re required w	when reinstating)  10. 'Election Campaign Final  Trust Fund Contribution	DATE noing	Added	O May Be I to Fees
NAME STREET ADDRESS CITY-ST-ZIP	D Bosock, H. ALBERT 8526 NE 2NB HU MIAMI, FL 33	Delete enue.	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGG STEVE 18522 NE 2ND A MIAMI FL 3	Delete  Jenue 3179	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Additic=
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		Change	☐ Addition
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13. I hereby certify that the information supplied with this filling 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: .

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Apr '41

(305) 652-254p

De timo Deses #

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