2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		00040005					etary -2002 90425		
Principal Place of Business 9847 SW 1847H ST MIAMI FL 33157		Mailing Address 9847 SW 184TH ST MIAMI FL 33157							······································
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			A 6	4 SELNumber			
				Aur		4. FEI Number 65-0838621		No	t Applicable
Zip	Country	Zip	Zip Cour		5. Certificate of Status Desire			Fee Hequired	
	6. Name and Address of Current	Registered Agent		Name	7. 1	lame and Address of	New Registere	d Agent	
303 N KR	, WILFRID M ESQ OME AVE				Street Address (P.O. Box Number is Not Acceptable)				
HOMESTE	EAD FL 33030			City			F	L Zip Code	e
Tax filing i	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible requirement and elects to do so.		!!! FEE 02 Fee	IS \$150.00 will be \$55	0.00	10. Election Camp Trust Fund Cor	-	\$5.0	0 May Be I to Fees
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES	TO OFFICERS A		S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RUSH, RANDALL C 170 NW 3 STREET HOMESTEAD FL 33030	□ Delete						☐ Change	Addition {
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete		1				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				_		☐ Change	Addition

13. Thereby 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. AME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR