2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		000044	1385			Secreta 04-30-2002 9	ry of St		
Principal Plac 5860 SW 84 MIAMI FL 33		5860 S	Mailing Address 5860 SW 84 ST MIAMI FL 33143						
2. Principal Place of Business			3. Mailing Address					 	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat		City &	City & State			4. FEI Number 65-0834711 Applied For			
Zip	Zip Country		Zip Cour		5. Certificate of Status Desired \$8.75 Additional				
			•				Fee Requi	red	
:	6. Name and Address of Curr	ent Registered /	Agent	Name	7. 1	Name and Address of New Re	gistered Agent		
MARIANI, KIMBER L 5860 SW 84 ST MIAMI FL 33143				Street Addre	Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
				City					
8. The above	named entity submits this stateme	nt for the purpose	e of changing its req	gistered office or regi	stered ag	ent, or both, in the State of Flor	ida.		
SIGNATURE.									
	Signature, typed or printed name of registered a	gent and title if applica		egistered Agent signature req	uired when re	einstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intanç requirement and elects to do so. ria on back)	_ 4	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campaign Fina Trust Fund Contribution.	· ••.	00 May Be ed to Fees	
11.	OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIANI, KIMBER L 5860 SW 84 ST MIAMI FL 33143		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition :	
TITLE NAME STREET ADDRESS	THE GITT OF THE		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		v.	- Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied on this report or supplemental report or supplemental report or trustee et a roman an attachment with an adder	ort is true and accompowered to exc	curate and that my secute this report as	signature shall have t	he same l	legal effect as if made under oa	ith; that I am an office	er or director	

SIGNATURE: 4

Daytime Phone #