Zip       Country       Zip       Country       5. Centrificate of Status Desired       S8.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         BESCHEN, DANIEL 8130 N.W. 15TH STREET PEMBROKE PINES FL 33024       Name       Name       Street Address (PO, Box Number is Not Acceptable)         B. 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 the obligations of registered agent.       OPTE Registered Agent signature wavered when restature)       Date         SIGNATURE       FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State       0PTE Registered Agent signature wavered when restature)       Date         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INE NAME       Street Address OFF -ST-2P       Street Address OFF -ST-2P       Change       Address Address OFF -ST-2P         TITLE NAME       Delete       TITLE NAME       Delete       TITLE NAME       Change       Address Address OFF -ST-2P         TITLE NAME       Delete       TITLE NAME       Delete       TITLE NAME       Change       Address Address OFF -ST-2P         TITLE NAME       Delete       TITLE NAME       Delete       TITLE NAME       <	UN DOCU				FILED Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90187 007 ***150.00
2. Intelligend matche Disalities       3. Weaking Appl. #, eldC.       CHECK HERE IF MAKING CHANGES         Suite, Apt. #, eldC.       Suite, Apt. #, eldC.       Chy & State       Chy & State       Chy & State       Chy & State       Analyzed State         70       Country       70       Country       8. Certificate of Status Destined       \$65,0580276       Analyzed State         70       Country       70       Country       8. Certificate of Status Destined       \$65,755 Additional         8. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         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 the bothgal one of registered agent.       Date         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 the bothgal one of registered agent.       Date         Burgaro, type or prove the most registere cort and the Agenatize.       PCTP Registered Agena A	8130 N.W. 151	TH STREET	8130 N.W. 15TH STREET	24	
City & State       City & State       4. FEI Number       65-0860276       Applied For Not Applicable         Zip       Country       Zip       Country       5. Centificate of Status Desired       \$8.75 Additional Per Replicable         Image: State       Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       For Replicable         Image: State       Name       Street Address of New Registered Agent       7. Name and Address of New Registered Agent         Image: State       City       FL       Name       Street Address of New Registered Agent         Image: State       Street Address (PO, Box Number is Not Acceptable)       Image: State       Image: State         Image: State       City       FL       Zip Code       Image: State         Image: State       City       FL       Zip Code       Image: State         Image: State       City       FL       Zip Code       Image: State         Image: State       City       FL       State       State       State         Image: State       City       FL       State       State       Address of New Registered Agent         Image: State       City       FL       State       State       State       State         Image: State       Other Regist	2. Principal Place of Business		3. Mailing Address		
Zip         Country         Zip         Country         S. Certificate of Status Desired         SS. 75 Additional           ESCHEN, DANIEL 8130 N.W. 15TH STREET PEMBROKE PINES FL 33024         Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         Name           City         FL         Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         Name           ESCHEN, DANIEL 8130 N.W. 15TH STREET PEMBROKE PINES FL 33024         Name         Street Address (P.O. Box Number is Not Acceptable)         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 the objections of registered agent.         FL         Zip Code           IGNATURE         Exection Campeign Financing Tust Fund Contribution.         OATE         State of PECCOR PECEO Descenter agent of registered agent of state to Florida Department of State         9. Election Campeign Financing Tust Fund Contribution.         \$St.00 May Be Added to Fees           0.         OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME         Addition           0.         OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME         Change         Addition           0.         OFFICERS AND DIRECTORS         0.         TILE NAME         Change	Suite, Apt. #, etc.		Suite, Apt. #, etc.		
	City & State	9	City & State		Not Applicable
BESCHEN, DANIEL         Name           BESCHEN, DANIEL         Street Address (P.O. Box Number is Not Acceptable)           PEMBROKE PINES FL 33024         City           City         FL           Street Address (P.O. Box Number is Not Acceptable)           City         FL           City         FL           City         FL           Street Address (P.O. Box Number is Not Acceptable)           City         FL           Street Address         City           Street Address         Cort	Zip				S. Cermicale of Status Desired
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, are obly in the State of Florida. Tam familiar with, and accept for the obligations of registered agent, are of registered agent, and state applicable. (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. Tam familiar with, and accept for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept for the purpose of changes of changes of the purpose of the purpose of changes of the purpose of the purpose of the purpose of changes of the purpose of the purpose of changes of the purpose of the purpos	8130 N.W	15TH STREET			s (P.O. Box Number is Not Acceptable)
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 alke Check Payable to Florida Department of State       9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         D.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         LE       PCO BESCHEN, DAN 8130 NW 15 ST PEMBROKE PINES FL 33024       Delete       TITLE NAME STREET ADDRESS CITY-ST-ZIP       Change       Addition         ME REET ADDRESS Y-ST-ZIP       Delete       TITLE NAME STREET ADDRESS CITY-ST-ZIP       Change       Addition         ME REET ADDRESS Y-ST-ZIP       Delete       TITLE NAME STREET ADDRESS CITY-ST-ZIP       Change       Addition         ME REET ADDRESS Y-ST-ZIP       Delete       TITLE NAME STREET ADDRESS CITY-ST-ZIP       Change       Addition         LE       Delete       TITLE NAME STREET ADDRESS Y-ST-ZIP       Change       Addition         LE       Delete       TITLE NAME STREET ADDRESS Y-ST-ZIP       Change       Addition         LE       Delete       TITLE NAME STREET ADDRESS Y-ST-ZIP       Change       Addition         ME REET ADDRESS Y-ST-ZIP       Delete       TITLE NAME STREET ADDRESS       Change       Addition         KET ADDRESS Y-ST-ZIP       Delete       TITLE NAME STREET ADDRESS       Change       Addition         KET ADDRESS       ST	the obligati	ons of registered agent.		registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
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MÆ     NAME       REET ADDRESS     STREET ADDRESS       TY - ST - ZIP     Delete       TITLE     Change       ME       REET ADDRESS       Y - ST - ZIP       ILE       Delete       TY - ST - ZIP       ILE       ME       REET ADDRESS       Y - ST - ZIP       ILE       Delete       TY - ST - ZIP       LE       Delete       TTTLE       NAME       STREET ADDRESS       CITY - ST - ZIP       LE       Delete       TTTLE       NAME       STREET ADDRESS       CITY - ST - ZIP       LE       Delete       TTTLE       NAME       STREET ADDRESS       CITY - ST - ZIP       LE       Delete       TTTLE       NAME       STREET ADDRESS       CITY - ST - ZIP       LE       Delete       TTTLE       NAME       STREET ADDRESS       CITY - ST - ZIP       LE       Delete       NAME       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS	'LE ME REET ADDRESS	PCEO BESCHEN, DAN 8130 NW 15 ST		TITLE NAME STREET ADDRESS	
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