2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084039
1. Entity Name

FILED May 21, 2002 8:00 am Secretary of State

05-21-2002 90892 010 ***150.00

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	lace of Business Military T	3. Mailing 1 8895	g Address N. Milita:	rv Trail		
Suite, Apt.			Apt. #, etc.	Ly IIAII	DO NOT WRITE IN THIS SPACE	
Suite			e E-201			
City & State		City & S		no 173	4. FEI Number	Applied For
	h Gardens,		Bch Garder		65-0867448	Not Applicable \$8.75 Additional
33410	υς Χ΄	3341	10 Cou	SA	5. Certificate of Status Desired	Fee Required
	The state of the s		24 24 24	·	7. Name and Address of Current Re	gistered Agent
A Section 1				Name Donna McDonald Street Address (P.O. Box Number is Not Acceptable) 8895 N. Military Trail		
		T WRITE	9.00 Star 多为。			
4 A	IN THE	SSPACE	ACE Sylve Suite E			
						Tip Code
4004 CO	And the state of	e propi appoint de		Palm Be	ach Gardens	FL 33410
8. The above	named entity submits this s	tatement for the purpose	e of changing its register	ed office or registere	ed agent, or both, in the State of Florida	3.
MEA 00						
SIGNATURE Signature: typed or printed name of registered agent and title if appticable. (NOTE: Registered Agent signature required when reinstating) DATE						
	ration is eligible to satisfy its		January 1 - May 1 F	ee is \$150.00 📆 . is \$550.00	10. Election Campaign Financ	ing _ \$5.00 May Be
	equirement and elects to do ia on back)		Amended UBR	ls \$61,25 🌲 🛼 🛠	Trust Fund Contribution.	☐ Added to Fees
11.		CERS AND DIRECTORS	Check Payable to D	epartment of State		
TITLE	DPS	CERS MAD BIRCOTORS	Žini	CLEY SEE		
NAME	Caster, Ric	chard	Secretary and the second secretary and the second s	Address Dates		
STREET ADDRESS	3065 St. James Drive			ET ADDRESS	era faken sarra da	4.4
CITY+ST-ZIP	Boca Raton	<u>Fl. 33434</u>		ST-ZIP of J-r-A-T-A		
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_CITY-ST-7IP			city	51 - 7P 10 15 15 15 15 15 15 15 15 15 15 15 15 15		
13. I hereby o	ertify that the information su	pplied with this filing doe	s not qualify for the exer	nption stated in Sect	ion 119.07(3)(i). Florida Statutes. I furthe	er certify that the information

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 office 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MONATURE AND PORT OR PRINTED NAME OF SIGNING DESICER OR DIRECTO

4/38/03

Dayume Phone #