

## DOCUMENT #

### 1. Entity Name

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

06-22-2001 90068 022 \*\*\*150.00

Principal Place of Business <div style="font-size: 1.2em; font-family: cursive;">4525 Collins Ave. Miami Beach FL 33140</div>		Mailing Address <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>	
2. Principal Place of Business <div style="font-size: 1.2em; font-family: cursive;">4525 Collins Ave.</div>		3. Mailing Address 	
Suite, Apt. #, etc. <div style="font-size: 1.2em; font-family: cursive;">Miami</div>		Suite, Apt. #, etc. 	
City & State <div style="font-size: 1.2em; font-family: cursive;">Florida</div>		City & State 	
Zip <div style="font-size: 1.2em; font-family: cursive;">33140</div>		Country 	
4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">650623986</div>		Applied For <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="font-size: 1.2em; font-family: cursive;">Gordon Vincent 4833 Collins Ave. Miami Beach FL 33140</div>		7. Name and Address of New Registered Agent 	
Name 		Street Address (P.O. Box Number is Not Acceptable) 	
City 		FL Zip Code	
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.			
SIGNATURE <div style="font-size: 1.2em; font-family: cursive;">Gordon Vincent</div>		DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
(See criteria on back)		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <div style="font-size: 1.2em; font-family: cursive;">Gordon Vincent</div> <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <div style="font-size: 1.2em; font-family: cursive;">4833 Collins Ave.</div>		STREET ADDRESS	
CITY-ST-ZIP <div style="font-size: 1.2em; font-family: cursive;">Miami Beach 33140</div>		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
13. I hereby 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.			
SIGNATURE: <div style="font-size: 1.2em; font-family: cursive;">Gordon Vincent</div>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	