	2002	uniform	Business	report	(UBR
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STREET ADDRESS CITY-ST-ZIP A243 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Principal Place of Business Act NormLave BLVD. SUITE D PALL BEACT CARDENS FL 35410 2. Principal Place of Business Suite, Apt #, etc. City & State City &	2002 Uniform Business Report (UBR)					3)	F	II En			
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Section Sect	Secret Address Secret Se	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRIT	TE IN THIS SPAC	DE	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAROT, DILIP 4243 NORTHLAKE BLVD. Stroet Address (P.O. Box Number is Not Acceptable) Stroet Address (P.O. Box Number is Not	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. Name 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 9. 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. 9. This corporation is eligible to settlery its intrangible rax filling requirement and elects to do so. (See criteria on back) 9. This corporation is eligible to settlery its intrangible rax filling requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. Officers 16. Officers 17. State Address 17. State Address 17. State Address 18. OFFICERS AND DIRECTORS 19. OFFICERS AND DIRECTORS 10. OFF	City & Stat	е	, , , , , , , , , , , , , , , , , , , ,	City & State			4.	FEI Number 65-089281	9		
BAROT, DILIP 4243 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410 6. 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 Signature, typest or present name of registered agent and advanced agent are site of applicable. PALM BEACH GARDENS FL 33410 FILE NOW!!! FEE IS \$150.00	BAROT, DILIP 4243 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410 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 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (After May 1, 2002 Fee will be \$55.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. Election Campaign Financing Trust Fund Contribution. In Addition Make STREET ADDRESS CITY-ST-2P 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. Electron Campaign Financing Trust Fund Contribution. In Addition Make STREET ADDRESS CITY-ST-2P 14. BEACH GARDENS FL 33410 15. Electron Campaign Financing Trust Fund Contribution. In Addition Make STREET ADDRESS CITY-ST-2P 16. Electron Campaign Financing Trust Fund Contribution. In Addition Make STREET ADDRESS CITY-ST-2P 17. BAROT, DILIP 18. MAKE STREET ADDRESS CITY-ST-2P 18. BEACH GARDENS FL 33410 19. Electron Campaign Financing Trust Fund Contribution. In Make STREET ADDRESS CITY-ST-2P 19. BAROT, DILIP 19. Delete STREET ADDRESS CITY-ST-2P 10. Electron Campaign Financing Trust Fund Contribution. In Make STREET ADDRESS CITY-ST-2P 10. Electron Campaign Financing Trust Fund Contribution. In Make STREET ADDRESS CITY-ST-2P 10. Electron Campaign Financing Trust Fund Contribution. In Make STREET ADDRESS CITY-ST-2P 10. Electron Campaign Financing Trust Fund Contribution. In Make STREET ADDRESS CITY-ST-2P 10. Electron Campaign Financing Trust Fund Contribution. In Make STREET ADDRESS CITY-ST-2P 10. Electron Campaign Financing	Zip		Country	Zip	Coun	itry	5. (Certificate of Status Desired			
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PALM BEACH GARDENS FL 33410 City FL Zip Code 6. The abover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signatur, hyperic protect name of registered agent and site 2 applicable. 9. This corporation is eligible to satisfy its Intrangible Tax Miling requirement and elects to do so.	### BEACH GARDENS FL 33410 City FL Zip Code			BLVD.			Street Ac	tdress (P.O. E	30x Number is Not Acceptable	à) 		!
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13. I hereby certify that the information supplied with this filling each not quality 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 accumule and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	13. I hereby certify that the information supplied with this filing post 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	13. I hereby of indicated	certify that the	e information supplied with t	his filing does not qualify for rue and accurate and that n	the exe	mption state	ed in Section ive the same	119.07(3)(i), Florida Statutes. i legal effect as if made under d	further certify the path; that I am a	nat the int	formation or director

SIGNATURE:

1/17/02

(561) 627-7988

Daytime Phone #