

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90102 040 ***150.00

The seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

Principal Place of Business	Mailing Address
132 ISLE OF VENICE	P.O. BOX 2387
APT #5	FT. LAUDERDALE FL 33303
FORT LAUDERDALE FL 33301	

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country	Zip	Country
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4. FEI Number **59-3570204**

Applied For
Not Applicable

5 - Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAUN, ROLF
39 GOLF VIEW DRIVE
OCALA FL 34472

Name Zeena Rose

Street Address (P.O. Box Number is Not Acceptable)
132 ISLE OF VENICE #5

City FT. LAUDERDALE **FL** Zip Code 33301

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 obligations of registered agent. h

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

04/08/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE*	PDCT	<input type="checkbox"/> Delete
NAME	BRAUN, ROLF	
STREET ADDRESS	39 GOLF VIEW DRIVE	
CITY- ⁴ ST-ZIP	OCALA FL 34472	

TITLE	PRCT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAUN, ROLF		
STREET ADDRESS	132 1516 OF VENICE #5		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRAUN, SABINE	
STREET ADDRESS	39. GOLF-VIEW DRIVE	
CITY-ST-ZIP	OCALA FL 34472	

TITLE	VPP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SABINE, BRAUN		
STREET ADDRESS	132 ISLE OF VENICE #5		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

84/68/2003

Date _____

954-832-9584

Daytime Phone # _____

0220152 211

CR2E034 (10/02)