## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2002 UNIFORM BUSINESS REPORT (UBR)								FILED Apr 28, 2002 8:00 am					
Principal Place of Business  50 S.E. HTH COURT FORT LAUDEROALE FL. 33918  2. Principal Place of Business  Sure, April +, onc.  Sure, Ap		MENT# F	990000	034414					Se	cret	arv o	f Sta	nte	
### Spirit Court FORT LAUDEROALE FL 3316  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State	<del>-</del>	-	OMES, INC.			$\checkmark$								
2. Principal Proce of Business 3. Mailing Agricults Suite, April 4, etc. Suite, April 4, etc. DO NOT WRITE IN. THIS SPACE  City 6 State Cry 6 State Cry 6 State Application Suite Application Su	Principal Plac	e of Business	N	Mailing Address										
Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN JHIS SPACE											-			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN JHIS SPACE								- 1						
City & State  City & State  City & State  Country  Countr	2. Principal P	Place of Business	3.	Mailing Address		T		ı		( <b>)</b> ())))	} <b>  </b>			
Z.p   Country   Z.p   Country   S. Certificas of Status Desired   \$5.79 Additional Fee Required   \$5.79 Additional Fee Requi	Suite, Apt.	Suite, Apt. #, etc.		7		DO NOT WRITE IN THIS SPACE								
Exp. Country	City & Stat	е		City & State			4.	. FEI N	umber 65	-0920002				
LAVENDER, JUEL R ESQ  SOT S.E. 11TH COURT FORT LAUDERDALE FL 33316  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered deflet or registered agent, or both, in the State of Rorica.  SIGNATURE  Signature, special or printed come of implaced agent and application.  P. This corporation is eligible to satisfy its intergible Task filing requirement and elects to do so.  After May 1, 2002 Fee will be 3500.00  After May 1, 2002 Fee	Zip	Country		Zip	Cour	ntry	5.	. Certif	icate of State	us Desired		8.75 Add	itional	
LAVENDER, JOEL R ESO  507 SE. 11TH COURT FORT LAUDERDALE FL 33316  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City		6. Name and Addres	s of Current Regi	stered Agent	i	<u> </u>	7.	. Name	and Addre	ss of New F		<u> </u>		
City FL Zip Code  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, speed or primatinate all registered agent, and the Eaglestable (NOTE Registered Agent signature required when remained and selects to do so. After May 1, 2002 Fee will be \$550.00 Marker May 1, 2002 Fee will be \$550.00 Marker on back)  PLE NOW!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Marker on back)  After May 1, 2002 Fee will be \$550.00 Marker on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME  SIRET ADDRESS  TITLE  DAMERAU, DAVID  201 NORTH-EAST 37TH STREET  CITY-S1-2P  TORT LAUDERDALE FL 33308  DEVELOPEDED, JOEL R  SIRET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE  MARE  SIRET ADDRESS  CITY-S1-2P  TITLE  MARE  SIRET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE  MARE  SIRET ADDRESS  CITY-S1-2P  T		R, JOEL R'ESQ		المنتجة للماليين المالاستداري	, 7° <del>-</del>	. 5 €	·=-		lumber is No	t Acceptable				
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	FORT LAUDERDALE FL 33316					Cit.						Zin Code		
SIGNATURE    Signature, typed or primad name of registeror agent and size if applicable. (INOTE: Registered Agent signature required when reinstating)   DATE	· .			LV.			.,-					Zip Code	= 	
Make Check Payable to Department of State	9. This corpo	oration is eligible to satisfy	its Intangible	FILE NOW!	!!! FEE	IS \$150.0	10		). Election C	, •	nancing			
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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 anglaccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director							_	,						
of the paragration of the renginer of truths among paragraph average to required by Chapter 647. Elevida Statutage and that my name appears in Black 11 or Black 12 if	13. I hereby indicated	certify that the information d on this report or supplem	supplied with this nental report is true	filing does not qualify for and accurate and that	or the exe	emption state ature shall ha	ed in Section	n 119.0 ne lega lorido S	07(3)(i), Flori	da Statutes. made under	I further certoath; that I a	ify that the ir	nformation or director Block 12 if	