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Date

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DOCUMENT # P9900036265 1. Entity Name ACCREDITED MEDIATION & ARBITRATION, INC.						Feb 21, 2002 8:00 am Secretary of State 02-21-2002 90151 033 ***150.00						
Principal Place 7200 WEST CO LAUDERHILL F	DMMERCIAL BLVD. #207	Mailing Address 7200 WEST COMMERCIAL BLVD. #207 LAUDERHILL FL 33319			DO NOT WRITE IN THIS SPACE							
	ace of Business V. PINE ISLAND ROAD #, etc.	3. Mailing Address 4273 N. PINE ISLAND ROAD Suite, Apt. #, etc.										
City & State	RISE FLORIDA	City & State SUNRISE FLORIDA		1	65-0920580 Not					plied For t Applicable		
Zip 3 3 3 3	Country S.A.	Zip 33351	Country	A.	5. Certific	ate of Statu	s Desired		8.75 Add			
	6. Name and Address of Current R				7. Name a	nd Addres	s of New Re	egistered Ag	jent			
-	الماد المحمد		Ņa	ame. R1	CHAR	D T.	-HAY	5				
	CHARD J ST COMMERCIAL BLVD. #207 ILL FL 33319		Str	reet Address (F								
LAUDENII	ILE FE 33318		Cir	ty SUNR	RISE			FL	Zip Code 3332	51		
8. The above	named entity submits this statement for A A A A A A A A A A A A A A A A A A A	w-		fice or registere			State of Flo		30 - c	2_		
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After May 1, 2002 Make Check Payable	2 Fee will	be \$550.00			ampaign Fina Contribution	· -		May Be to Fees		
<u>.</u> 11.	OFFICERS AND D	DIRECTORS	12.		ADDITIO	NS/CHANG	ES TO OFFI	CERS AND I			<u></u>	
TITLE • NAME	P SIMONS, J. JAY	☐ Delete	TITLE NAME	ρ. S <i>IF</i>	10NS	丁 . 丁/	1		Change	☐ Addition	0/6)	
STREET ADDRESS : CITY-ST-ZIP	7200 WEST COMMERCIAL BLVD. LAUDERHILL FL 33319	#207	STREET ADD	DRESS 42	73 N.	PINE	ISLAND				R2E034 (9/01	
TITLE NAME STREET ADDRESS	ST HAYS, RICHARD J 7200 WEST COMMERCIAL BLVD.	☐ Delete #207	TITLE NAME STREET ADI CITY-ST-Z	S-1 HA DRESS チス	T IYS, R: I3 N: INRIS	CHAR	D J. ISLAND	ROAL	□ Change	☐ Addition	<u>ت</u> 	
CITY-ST-ZIP TITLE	LAUDERHILL FL 33319	☐ Delete	TITLE	<u>ل د</u> ا	WK 1.3	<u> </u>	. 1577			Addition		
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TITLE NAME		☐ Delete	TITLE NAME						Change	Addition		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS		. 			Change	☐ Addition		
13. I hereby of the cor	Learning that the information supplied with on this report or supplemental report is poration or the receiver or trustee emport, or on an attachment with an address, where the supplemental report is presented in the supplemental report in the supplemental report is presented in the supplemental report in the supplemental report is supplemental report is supplemental report in the supplemental report is supplemental report in the supplemental report is	true and accurate and that mi wered to execute this report a	y signature as required b			atutes; and	that my name		Block 11 o	r Block 12 if		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: