## **2002 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Nam		0038537		Secretary of State 02-26-2002 90072 027 ***150.00
Principal Place of Business  5255 N. FEDERAL HWY.  SECOND FLOOR  BOCA RATON FL 33487  2. Principal Place of Business  Suite, Apt. #, etc.  City & State		Mailing Address 5255 N. FEDERAL HWY. SECOND FLOOR BOCA RATON FL 33487		<i>∪</i> ~ 0 0 7 4
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0925038 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current Re	egistered Agent	Name	7. Name and Address of New Registered Agent
	rz, nathan a Ederal Hwy. Floor			ess (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33487			City	FL Zip Code
9. This corporate filing of	named entity submits this statement for the statement for the statement for the statement and signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	itile if applicable. (NOTE: FILE NOW!!!	Registered Agent signature requi	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D SCHWARTZ, NATHAN 5255 N. FEDERAL HWY. BOCA RATON FL 33487	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Jeff 750 S. Dixie Hwy Boca Raton FL 33432	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONAN, KEN 750 S. DIXIE HWY BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ente Major	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	on this report or supplemental report is true	ue and accurate and that my	signature shall have the	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/8/02 (S61) 241-6355