FOR PROFIT CORPORATION Jul 21, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # R990000 39/23 07-21-2002 90013 045 ***150.00 B0130255 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2028/E Country Club Da 3. Mailing Address 20281 E Country Club DR Suite, Apt. #, etc. Suite, Apt. #, etc. # 1710 DO NOT WRITE IN THIS SPACE #1710 City & State No Mlami City & State -4. FEI Number Applied For Bch 71 Bch No Miami 65-0928493 Not Applicable 3<u>3180</u> Country USA \$8.75 Additional 33180 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE No Miami 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State 11. POVP TITLE Cheryl Stephenson NAME 20281 E COUNTRY Club DR. #1710 NO MIRM! BCA 71 33180 NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

13. 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 11 or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYMED OR PRINTED NAME OF SIGNING

Chery Stephenson July 11,200;

3055 <u>936-9187</u> Daytime Phone # CR2E034B (12/01

FILED

B0130255

STEPHENSON GROUP, INC. 20281 EAST COUNTRY CLUB DRIVE NORTH MIAMI BEACH, FLORIDA 33180

State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 July 11, 2002

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RE: UNIFORM BUSINESS REPORT

STEPHENSON GROUP, INC.

DOCUMENT # P99000039123

Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2002 for the above-mentioned corporation.

Enclosed please find a check in the amount of \$150.00 for the original fee with the signed report.

Thank you for your cooperation in this matter.

Sincerely,

Cheryl Stephenson

President