5/8

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 03, 2002 8:00 am Secretary of State

DOCUMENT # 1. Entity Name 1900 Bay	05-08-2002 90139 010 ***150.00							
DO NOT WRITE IN THIS SPACE								
2. Principal Place of Business		3. Mailing Address						
Suite, Apl. #_etc.		PO Box 811135 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
#300 City & States		City 2 Chate						
Boca Raton, FL		Boca Katon, PL			4. FEI Number 65-0923	3159	Applied For Not Applicable	e
33431 Country		Zip Cpunt 33481 U.S		5. Certificate of Status Desired		\$8.75 Additional	٦	
<u> </u>		<u> </u>	nor i	1	7. Name and Addres	s of Current Regist	Fee Required tered Agent	-
DO.	NOT WI		-Ne	David	- A. Rusti	NE.		<u> </u>
DO NOT WRITE				treet Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				#200				
			City		<b>D</b>	<u></u>	FL 233931	$\dashv$
8. The above names entity subm	its this statement for I	the purpose of changing its r	egistered offi	e or registere	d agent or both, in th	_	L 33431	4
	a N.	L .	_	stine	President		و باه	
SIGNATURE Signature, typed or printed	name of registered agent and	David Biblio Bolicable. (NOTE:	Registered Agent	3 F17VQL		- J/20	70 ~	
This corporation is eligible to satisfy its Intangible     January 1 - Ma				\$150.00	7			$\dashv$
Tax filing requirement and election (See criteria on back)	cts to do so.	After May 1 Amended	<b>UBR</b> is \$61	.25	Trust Fund	Campaign Financing  Contribution.	55.00 May Be	
11.	OFFICERS AND DI	Make Check Payable RECTORS	to Departr	nent of State				-
ITILE PSD			THTLE					ਭਿ
NAME BOSTINE, DAVID A. STREET ADDRESS 3399 NW 2 AVC #2VD			NAME STREET ADDR	NAME STREET ADDRESS				CR2E034B (12/01)
	FL 33431		CITY-ST-ZIP					348
TITLE			ULLE					ZEO
NAME Street address			NAME Street addre	DDRESS				5
CITY-ST-ZIP			CITY-ST-ZIP	~				
TITLE NAME			TITLE					1
STREET ADDRESS	<u> </u>	<u> </u>	name =street addre	ss		1.00		
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TILE MME			TITLE NAME		IN THIS SPACE			
TREET ADDRESS			STREET ADORE	ss				l
STY-ST-ZIP			CITY-ST-ZIP			*		
ITLE Ame			TITLE NAME					
TREET ADDRESS			STREET ADDRES	is				
ATY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-S1-ZIP		<del></del>			
AME			TITLE NAME					1
TREET ADORESS PTY-ST-ZIP			STREET ADDRES	s				
	tion supplied with this	Filing does not qualify 6-4-	CITY-ST-Z#P	land is Simi				
<ol><li>I hereby certify that the informa indicated on this report or supp</li></ol>	lemental report is true	e and accurate and that my	sionature shal	nateu III Secilo	nr i 19.07(3)(1), Florida	a Siatutes. I further c	ertify that the information	ĺ

13. 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 attachment with an address with all other like impowered.

SIGNATURE:

SCHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF RIGHTS

4/24/02

561-997-8UD