**FILED** 

Daytime Phone #

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

SIGNATURE: CLETCH WITTER AND TREETOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Na	JMENT # P9900 inos, inc.	0051866	ma, e impe		Vlay 08, 2 Secretal 05-08-2002 90	2002 8:0 ry of Sta	
Principal Place of Business 1801 N MILITARY TRAIL 200 BOCA RATON FL 33431		Mailing Address 1801 N MILITARY TRAIL 200 BOCA RATON FL 33431				(1)	11110 <b>1</b> 111 1811
2. Principal	Place of Business	3. Mailing Address			. 1881/1881   188   1884   1884   1884   1884   1884   1884   1884   1884   1884   1884   1884   1884   1884	JUL 6616) (118) (1881 1818 )	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4	65-0931050	<u> </u>	oplied For
Zip Country		Zip Country		5	5. Certificate of Status Desired Sesired Fee Required		
	6. Name and Address of Current I	Registered Agent		7.	. Name and Address of New Reg		
TRAPANI, CHRISTOPHER M 1801 N MILITARY TRAIL 200			Street .	e et Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33431			City	City FL Zip Code			ə
Tax filing	Signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so. aria on back)  OFFICERS AND C	FILE NOW!!! After May 1, 2002 Make Check Payable	e to Departmen	.00 550.00 nt of State	10. Election Campaign Financ Trust Fund Contribution.	☐ Added	O May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D TRAPANI, CHRISTOPHER M 1801 N MILITARY TRAIL SUITE 201 BOCA RATON FL 33431 D PERROTTA, BRUCE	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition  Addition
STREET ADDRESS CHY-ST-ZIP TITLE	MARCATE FE 33063 DESPREYATE FOR	Delete	STREET ADDRESS CITY-ST-ZIP TITLE		WILES RD., #10 NUT CREEK, FLA. 3		☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	PERROTTA, ERIC 1882 SEVILLE STREET— MARGATE FL 33063—		NAME STREET ADDRESS CITY-ST-ZIP	1402 ROYÁL	PALM BOH. FLA.	33411	700
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMUL 8210 NORTH	LOY AL PAIM BCH.  PAIM BCH. FLA.  TOR  EL S. TRAPANI  S.W. LTH STREE  + INDERDALE, FLA.	□ Change EF . <u>33</u> 068	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		□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with an address, with an address.	ered to execute this report as					or director Block 12 if