

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061275

1. Entity Name

Principal Place of Business	Mailing Address
7300 N FEDERAL HWY SUITE #107 BOCA RATON FL 33487	7300 N FEDERAL HWY SUITE #107 BOCA RATON FL 33487

2. Principal Place of Business **3. Mailing Address**

City & State **City & State**

4. FEI Number **65-0934573** Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

LOFT, NANCY
1963 NE SIXTH STREET
DEERFIELD BEACH FL 33441

Name _____

Street Address (P.O. Box Number is Not Acceptable)

\$8.75 Additional Fee Required

City

FL Zip Code

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) _____ **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #