## FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90249 005 \*\*\*150.00

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

33071  Coupled  South Couple  Sou		NT # $P99000$	4		80032408				
Solic April F. Co. Solic April F			IN THIS S	PACE					
33871 COUNT WRITE  DO NOT WRITE IN THIS SPACE  Street Stre	508 NW 101 Ave.		508 NW 101 Ave.			DO NOT WRITE IN THIS SPACE			
33071 USA 33071 COUNTS 5. Contribution of Status Desired   \$8.75 Andre   \$6.75 Andre   \$7. Kenne and Address of Current Registered Again.    Name and Address of Current Registered Again.			Coral Springs, FL			4. FEI Number 65-0937826 Applies For Not Applicable			
IN THIS SPACE  Since Application is not Acceptable)  City Coral Springs  FL 295077  City Coral Springs  City Coral S	33071 ÛSA		<sup>7</sup> 33071	COUNTEA		5. Certificate of Status Desired S8.75 Additional Fee Required			
SIGNATURE  SIGNATURE  SIGNATURE  City Coral Springs  FL 236077  6. The above named engly autoritis this statement for the purpless of clidiquing its registered office or registered agent, or both, in the State of Florida. I cam familiar with, an the chiquations of legiquence agent.  Clifford J Geller  1/22/03  Signature registered agent as the state of Florida. I cam familiar with, and the chiquations of legiquence agent.  Clifford J Geller  1/22/03  Signature registered agent, or both, in the State of Florida. I cam familiar with, an an ended to American agent ag		DO NOT WE		Name	7. Name Clifford J G	and Address of Curre eller	ent Registered Age	nt	
City Coral Springs FL 238077  5. The above named engly submits this statement of the purphers of childrigh is requisited agent, or both, in the State of Florida. I am furnillar with, an ince obligations of registered agent, or both in the State of Florida. I am furnillar with, an ince obligations of registered agent, or both in the State of Florida. I am furnillar with, an ince obligations of registered agent, or both in the State of Florida. I am furnillar with, an ince obligations of registered agent, or both in the State of Florida. I am furnillar with, an ince of the Cora as the stage of the Florida of Florida Department of State of Florida Department of Flori		IN THIS SP	ACE	Street A	08'NW 101X	vimber is Not Accepta Ve.	ible)		
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Septem Appell Foundation and the Experience.   INCTE Registered Appell Septem Appell of Price its \$150.00   After May 1 Fee its \$150.00   After May 1, Fe	$\times$	entry submits this statement for it	ne purpose of changing its				Florida. I am familia	# with, and accept	
Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  11. President  Clifford J Geller  SOR NW 101 Ave.  COY-S1-7P  COY-S1-7P  TITLE  MAKE  STRET ADDRESS  CTY-S1-7P  TITLE  MAKE  STRET ADDRESS  STRET ADD	Signature,		He i applicable. (NOTE						
10. OFFICERS AND DIRECTORS  TITLE  VAME  CIffford J Geller  508 NW 101 Ave.  Coral Springs, FL 33071  TITLE  VAME  SIRET ADDRESS  CITY-ST-7P  TITLE  VAME  VAME  VAME  SIRET ADDRESS  CITY-ST-7P  TITLE  VAME  VAME  VAME  VAME  SIRET ADDRESS  CITY-ST-7P  TITLE  VAME	Amen	ided UBR is \$61.25	ate		٤			\$5.00 May Be Added to Fees	
VAME  Clifford J Geller  SIRET ADRESS  COTY ST-7P  CORI Springs, FL 33071  THE  NAME  SIRET ADRESS  CITY-ST-7P  THE  SIRET ADRESS  CITY-ST-7P  THE  NAME  SIRET ADRESS  CITY-ST-7P  THE  SIRET ADRESS  CITY-S	10.			The state of	A 6 . W . 10 .	We want of the second s	y	Part Com Bank day	
THE NAME  STRETT ADDRESS CTY-ST-ZP  TITLE  MAME  STRETT ADDRESS CTY-ST-ZP  TOTAL  THE NAME  STRETT ADDRESS CTY-ST-ZP  CTY-ST-ZP  CTY-ST-ZP  THE NAME  STRETT ADDRESS CTY-ST-ZP  STRETT ADDRESS CTY-ST-ZP  THE NAME  STRETT ADDRESS CTY-ST-ZP  STRETT ADDRESS	Cliff STREET ADDRESS 508	ford J Geller I NW 101 Ave.		NAME STREET ADDRESS				CR 2FORMAR (12)(7)	
THE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-Z	NAME STREET ADDRESS			NAME #				CRZFD3	
CTY-ST-ZP	TITLE NAME STREET ADDRESS		, =-	NAME					
CTY-ST-ZP  GTY-ST-ZP	TITLE NAME			TITLE "		4.74			
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THETT ADDRESS TY-ST-ZP  2. Thereby certify that the information supplied with this filling 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 office or or attachment with an address, this all other like propered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or or	STREET ADDRESS			NÂME STREET ADDRESS					
attachment with an address with all other like philowered.	AME TREET ADDRESS TY-ST-ZIP			NAME STREET ADDRESS City St-ZP	1000 May 100				
	<ol> <li>Thereby certify that indicated on this re- of the corporation of attachment with an</li> </ol>	the information supplied with this port or supplemental report is true or the receiver or trustee emprayer address with all other like employer.	filling does not qualify for the and accurate and that my red to decute this report a pred to the control of th	as required by Cha	pter 607, Florida S	(3)(i), Florida Statufes, flect as if made under datures; and that my na	I further certify that oath; that I am an of irme appears in Bloo	the information ficer or director ck 10 or on an	
Clifford J Geller 1/22/03 (954) 345-7739 SIGNATURE: SIGNAFOR AND TYPED OR PRONTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destroy Phone #	SIGNATURE:	SIGNATORY AND TYPED OF PRONTE	100	a 1 Gellet	tur gburds				