## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

| UNIFURINI BUSINESS REPURI   | • •  |
|---|--|
| DOCUMENT # P99 000079084  |  |
| Flakowitz Family Basel  | i, Inc.  |
| DO NOT WRITE IN THIS SP   | AGE  |
| Principal Place of Business     3. Mailing Address  | B2124359   |
| 2. Principal Place of Business  RQQ N. Federal Huy  Suite, Apt. #, etc.  3. Mailing Address PQQ  Suite, Apt. #, etc.  | DO NOT WRITE IN THIS SPACE   |
| Boca Raton FL Boca Rat  | Applied For Not Applicable   |
| 33432 Country 7 32433   | 5. Certificate of Status Desired   |
|   | 7. Name and Address of Current Registered Agent  |
| DO NOT WRITE  | Name Catusi Dandra   |
| DO NOT WRITE<br>IN THIS SPACE   | Street Address (P.O., Box Nulmber is Not Acceptable)   |
| IN BIIIS SFAME  |  |
|   | civooca Raton FL Zip Sign 432  |
| 8. The above named entity submits this statement for the purpose of changing its re   | egistered 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: R  | Registered Agent signature required when reinstating)  DATE  |
| Tax filing requirement and elects to do so.  After May Amended  | y.il Fee is \$150.00   Fee is \$550.00   |
| 11. OFFICERS AND DIRECTORS  |  |
| INTLE RSD   | THE STATE OF THE S |
| STREET ADDRESS DOOD IN FEDERAL FULLY 33432  | CR2E 0348 (12/01)  |
| TITLE   | RZEO   |
| NAME<br>STREET ADDRESS  | STREET ADDRESS   |
| CITY-ST-ZIP   | CON'ST-DE CONTROL OF THE CONTROL OF  |
| NAME  | NAME AND ADDRESS OF THE PROPERTY OF THE PROPER |
| STREET ADDRESS —  | COV. ST. DE DO NOT WRITE   |
| TITLE NAME  | IN THIS SPACE  |
| STREET ADDRESS CITY-ST-ZIP  | STREET ADDRESS:  |
| mue   |  |
| NAME<br>STREET ADDRESS  | STREET ADDRESS   |
| City-St-zip   | CDT: ST-2014   |
| TITLE NAME  |  |
| STREET ADDRESS CITY-ST-ZIP  | STREET ADDRESS   |
| 13. I hereby certify that the information supplied with this filing does not qualify for this indicated on this report or supplemental report is true and accurate and that my  | ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is 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. |  |
| SIGNATURE: Smile Wet like   | MAY 310x 561-368-0666  |