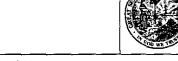
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

## DOCUMENT #

P99000105589

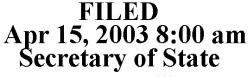




Principal Place of Business

Mailing Address 4001 IBIS POINT CIRCLE

2. Principal Place of Business	3. Mailing Address					
·	· ·					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					



04-15-2003 90097 002 \*\*\*150.00

BOCA RATON FL 33431			BOCA RATON FL 33431								
2. Principal Place of Business		3. Mailing Address				1881 (18 1816 1811 8811 881 					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			4. FEI Number 65-0966214 Applied For Not Applied be				
Zip		Country	Zip Cour		itry	5 Certificate of Status Desired S8.75			8.75 Add	dditional	
	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent						
					~Name	-			==		
SHAPIRO, HERBERT A 4001 IBIS POINT CIRCLE				Street Address (P.O. Box Number is Not Acceptable)							
BOCA RATON FL 33431											
					City			FL	Zip Code	3	
	tions of registe		the purpose of changing its	register	ed office or regist	ered agent, or b	oth, in the State of Flo	rida. I am fa	amiliar with,	and accept	
310117110112	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature requi	red when reinstating)		DATE		<del></del>	ļ
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Fjorida Department of	State		in suite		Election Campaign Fin rust Fund Contribution		\$5.0 Added	O <sup>-</sup> May Be I to Fees	
10.		OFFICERS AND	DIRECTORS	11,		ADDITIONS	S/CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11	1_
NAME STREET ADDRESS		HERBERT POINT CIRCLE ON FL 33431	☐ Delete						☐ Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADORESS	D/VP HARVEY, 8 4001 IBIS I	ARBARA JEAN POINT CIRCLE ON FL 33431	☐ Delete		,				☐ Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		(	<b>-</b>	₩/ , TI :	<u> </u>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP			☐ Delete		ET ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		l l			-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ſ				☐ Change	☐ Addition	

12. 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 its 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Daytime Phone #