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

## DOCUMENT #

Paannningges

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Zip

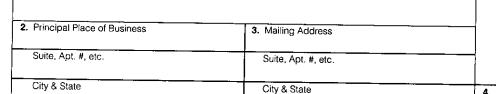
SIGNATURE



Feb 19, 2003 8:00 am Secretary of State 02-19-2003 90011 041 \*\*\*150.00

FILED

	1 00000 100000	
Principal Place of Business 800 NE 76 STREET	Mailing Address 800 NE 76 STREET	······································
BOCA RATON FL 33487	BOCA RATON FL 33487	



Zip



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 65-0967017 Not Applicable \$8.75 Additional

Fee Required

Zip Code

 $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Country

HERMAN, DENISE				
800 NE 76 STREET		•		
<b>BOCA RATON FL 33487</b>	•			

Name			
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Street Address (P.O. Box Number is No	t Acceptable)	-	

5. Certificate of Status Desired

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. I am familiar with, and accept the obligations of registered agent.

City

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing Trust Fund Contribution,

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition HERMAN, HOWARD NAME 800 NE 76 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HERMAN, DENISE NAME STREET ADDRESS 800 NE 76 STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition' NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

CR2E034 (10/02)