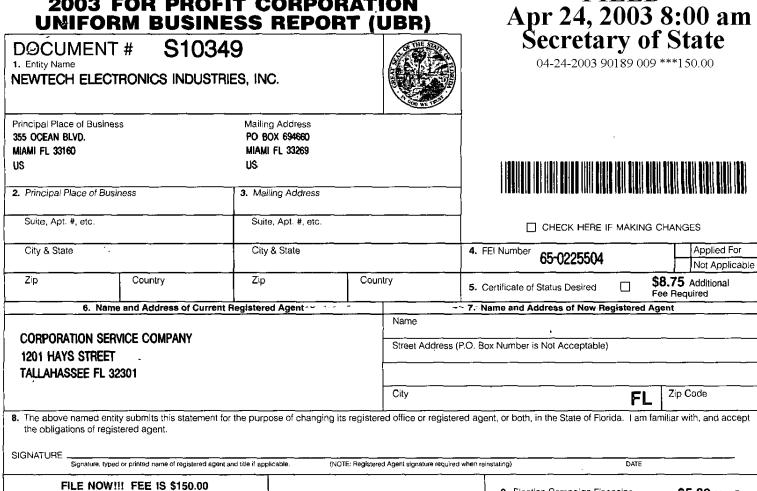
FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S10349 DOCUMENT #

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State



OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE □ Change ☐ Addition NEWMAN, JOEL NAME NAME STREET ADDRESS 355 OCEAN BLVD. STREET ADDRESS **GOLDEN BEACH FL 33160** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE HERNANDEZ, VIVIAN M NAME NAME STREET ADDRESS STREET ADDRESS 355 OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33160 - Delete TITLE ☐ Change ☐ Addition TITLE NAME 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 TITLE ☐ Change TITLE ☐ Delete ☐ 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 attachmen t with an add ess, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

NEWBAN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

9. Election Campaign Financing

Trust Fund Contribution.

Change

Addition

\$5.00 May Be

Added to Fees