2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

S25738 DOCUMENT #

1. Entity Name

KNOWLES & CO., P.A. CERTIFIED PUBLIC ACCOUNTANTS



FILED
May 29, 2003 8:00 am
Secretary of State
05-29-2003 90140 028 ***150.00

| Principal Place of Business 7550 SW 57 AVE. S-112 S MIAMI FL 33143 | | | Mailing Address 7550 SW 57 AVE. S-112 S MIAMI FL 33143 | | | | | | | | | | |
|---|---------------------------------------|--|---|----------|---------|--------------------|-------------------------|------------------------------------|--------------|-----------|---------------|------------------------|--------|
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | _ | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | | 4. f | 4. FEI Number 65-0236255 Applied F | | | | |] |
| Zip Country | | Zip | | Cour | Country | | Certificate of Status E | Desired | | \$8.75 Ad | ditional | 1 | |
| ·· ···· | 6. Name | and Address of Curren | t Registere | ed Agent | L | r | 7. 1 | Name and Address | of New Re | | | | 1 |
| | | | | <u> </u> | | Name | | | | <u> </u> | | | 1 |
| 7550 SW 9 | , CHARLES 57 AVE. | 3 J. | | | | Street Addre | ss (P.O. B | ox Number is Not Ac | ceptable) | | | | |
| \$-112 | | | | | | | | | | | | | |
| S MIAMI FL 33143 | | | | | | City | | | | FL | Zip Cod | de | |
| | ions of regist | y submits this statement ered agent. or printed name of registered agen | | | | ed office or regi: | | | ate of Fior | DATE | amiliar with, | , and accept | |
| After | May 1, 200 | ! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department | | | | | | 9. Election Cam Trust Fund Co | ontribution. | | Adde | 00 May Be d to Fees | |
| 10. | · · · · · · · · · · · · · · · · · · · | OFFICERS ANI | DIRECTO | | 11. | | AD | DITIONS/CHANGES | TO OFFIC | ERS AND | DIRECTOR | | _ [|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , CHARLES J. 57 AVE., S-112 L | | ☐ Delete | | | | | | | ☐ Change | ☐ Addition | 207017 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Delete | | | | | | | Change | Addition | 200 |
| TITLE Name Street address (City-St-Zip | | *** | | □ Delete | | | | 1977 | ı | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | Change | Addition | |
| TITLE NAME Street address City-St-Zip | | | | ☐ Delete | | i | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Delete | | | | | 5.0 | | 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 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: .