2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2003 8:00 am Secretary of State 05-19-2003 90230 013 ***150.00

1. Entity Na	MENT # \$5732 SPECIALTIES, INC.	4		03-19-2003 90250 015	
2331 N STAT SUITE 207 LAUDERHILL US 2. Principal I	FL 33313 Place of Business	Mailing Address 2331 N STATE RD 7 SUITE 207 LAUDERHILL FL 33313 US 3 Mailing Address			
Suite, Apt	** Constant of the constant of	Suite, Apt. #, etc.	a proposition of the second of	ASSESSED CHECK HERE IF MAKING CHANGES	
City & Sta	le. Hogy Digential Francisco	City & State		4. FEI Number 65-0268323 Applie	ed For oplicable
Zip as emprisorie		o Pinne rad	Country Limitation and antiques	ree Hequires	
6. Name and Address of Current Registered Agent. Name Name					
WILCOX, GWENDOLYN A Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)					
LAUDERDALE LAKES FL 33309					
	named entity submits this statement for	the purpose of changing its re	City egistered office or regist	FL Zip Code lered agent, or both, in the State of Florida. I am familiar with, and	accept
the obligations of registered agent.					
SIGNATURE Signature, typed or printed reme of registered agent and title it applicable. (MOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floride Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
TITLE	P COV CERVID W	☐ Delete	IIILE	☐ Change	Addition (S)
NAME STREET ADDRESS CITY-ST-ZIP	WILCOX, GERALD W. 3500 NW 34TH AVE LAUDERDALE LAKES FL	· · · · · · · · · · · · · · · · · · ·	NAME STREET ADDRESS CITY-ST-ZIP	<u>).</u>	CH2E034 (10/02)
TIFLE	ST	C) Delete	TITLE	Change C	Addition E
NAME STREET ADDRESS	WILCOX, GWENDOLYN A. 13500 NW 34TH AVE		NAME STREET ADDRESS		.
CITY-ST-ZIP	LAUDERDALE LAKES FL		CITY-ST-ZIP		
TITLE NAME	·	☐ Delete	TITLE NAME	☐ Change ☐	Addition
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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 suppliemental 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 by 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: STANDIUR WEDUGITED dolyn Wilcox 4/10/03					