2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S76016 **DOCUMENT #**

1. Entity Name



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90828 019 ***150.00

CUSTO	M DRAPEF	RIES, ETC CO	RPORATION			01-13-2003	70020 01.	, 13	0.00
Principal Place of Business 30141 US HIGHWAY 19 650 SW 9TH TERRACE CLEARWATER FL 34621 US US Mailing Address 650 SW 9TH TERRACE POMPANO BEACH FL 3306 US									
2. Principa	I Place of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & St	ate		City & State			4. FEI Number NOT APPLICABLE Applied F			Applied For
Zip		Country	Zip	Countr	У	5. Certificate of Status Desired	\$	8.75 A	Vot Applicable dditional
	6. Name	and Address of Curr	ent Registered Agent			** N		ee Requir	ed
			- gores a agont		Name	7. Name and Address of New F	registered A	gent	
SULTAN	. EZRA					•			
5128 SW 32 AVE. HOLLYWOOD FL 33312					Street Address (P.O. Box Number is Not Acceptable)				
HOLLIW	OOD LF 222	12		-	City			Zin Cor	
8 The abov	 The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. 					z zip code			
the obliga	ations of registe	submits this statemer red agent	nt for the purpose of changing	g its registered	office or registe	red agent, or both, in the State of Flo	orida. I am fai	niliar with	, and accept
3		ou agont.							
SIGNATURE									
	Signature, typed or	printed name of registered ag	gent and title if applicable. (I	NOTE: Registered A	gent signature required	d when reinstating)	DATE	· · ·	
£ A	FILE NOW!!!	FEE IS \$150.00		*	<u>-</u>				
Afte	er May 1, 2003	Fee will be \$550.(Florida Departmen	00 t of State			 Election Campaign Fin Trust Fund Contribution 		\$5.0 Adde	00 May Be d to Fees
10.		OFFICERS A	ND DIRECTORS	11,		ADDITIONS (CHANGES TO OFFI	ICEDO AND D	IDEO TOO	
TITLE	P		☐ Delete	TITLE		ADDITIONS/CHANGES TO OFFI			
NAME	SULTAN, EZ	ZRA .		NAME			L	Change	Addition
STREET ADDRESS	1 4 120 411 01	? AVE.		STREET A	ADDRESS				
City-St-Zip	HOLLY WO	OD FL 33312		CITY-ST	-ZIP				
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TREET ADDRESS				NAME STREET AG	DDEEC				
ITY-ST-ZIP	_			STREET AC CITY-ST-2					ĺ
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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 changed, or on an attachment with an address, with all other like empowered. The change of the corporation of the corporation of the receiver or trustee empowered to execute this report as a full red by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

J. J. Joine D SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #