2002 UNIFORM DOCUMENT # V I. Entity Name ENTERPRISE 2222, INC.	BUSINI /01624	ESS REPO	RT (UBR)		FIL May 16, 20 Secretary 05-16-2002 9001	002 8:0 y of Sta	te
Principal Place of Business Mailing Address 100 WEST CYPRESS CREEK RD. 100 WEST CYPRESS #330 #330 FORT LAUDERDALE FL 33309-2181 FORT LAUDERDALE F							-	
Principal Place of Business 1	i	Mailing Address P.O. BOX Suite, Apt. #, etc.	220)063		DO NOT WRITE IN TH	HIS SPACE	
City & State Hollywood, FL		City & State Hollywoo	od, E	FL		65-0306812	Not /	ied For Applicable
Zip Country		Zip	Coun	•	5. C	ertificate of Status Desired	Fee Required	lona.
33020 U.S.	Current Regi	33022-00	163	U.S.	7. N	ame and Address of New Registe	red Agent	
6. Name and Address of Current Registered Agent PARISH, ANDREW M. 100 WEST CYPRESS CREEK ROAD SUITE 930				Name Parish, Andrew M. Street Address (P.O. Box Number is Not Acceptable) 2404 Hollywood Boulevard				
FORT LAUDERDALE FL 33309 8. The above named entity submits this statement for the purpose of changing its register.			City	Hollyw	100d <u>, </u>	FL Zip Code 3302	0	
SIGNATURE Signature, typed or printed name	e of registered agent and t	itle if applicable. (NC	TE: Register	red Agent signature	e required when re		DATE \$5.00	
 This corporation is eligible to satis Tax filing requirement and elects (See criteria on back) 	sty its Intangible to do so.	After May 1, 2 Make Check Pay	002 Fee	will be \$55	i0.00 of State	Trust Fund Contribution.	Added	to Fees
	OFFICERS AND DIS	RECTORS	12	<u>. </u>		DDITIONS/CHANGES TO OFFICER	S AND DIRECTORS Thange	Addition
TITLE DP PARISH, ANDREW STREET ADDRESS CITY-ST-ZIP FORT LAUDERDAL	SS CHEEK HUAL	Delete	NA ST	ile Ame Reet address Ty-ST-ZIP	2404	h, Andrew M. Hollywood Boulew wood, Florida	vard	Addition
TITLE NAME STREET ADDRESS		☐ Delete	N/ S1	TLE AME Treet address ITY-ST-ZIP				
TITLE NAME STREET ADDRESS	<u> </u>	☐ Delete	N. S	ITLE IAME TREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	N S	ITLE NAME STREET ADDRESS DITY-ST-ZIP			☐ Change	Addition
				TITLE			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				NAME STREET ADDRESS CITY-ST-ZIP				_

SIGNATURE:

I hereby certify that the information s indicated on this report or suppleme of the corporation or the receiver or changed, or on an attachment with a

954 3574588

Daytime Phone #

CR2F034 (9/01)