2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

V06012 DOCUMENT

1. Entity Name

SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.



May 01, 2003 8:00 am Secretary of State

05-01-2003 90132 044 ***150.00

Mainty Actates Main							WE STATE					
Suite, Apt #, etc. City & State City	2611 HOLLYW HOLLYWOOD	iood Blvd. Fl 33020		2611 H HOLLY	2611 HOLLYWOOD BLVD. HOLLYWOOD FL 33020							11511 1 1511 1551
City & State City & State City & State City & State A, FEI Number & 65-0306095 A, FEI Number & 65-0306095 A, FEI Number & 65-0306095 B& 75 Additional free heat production of the product	2. Principal P	Place of Busin	ess	3. Mailir	3. Mailing Address					13 10 10 10 10 10 10 10		ATAN ARAN IAA
Second Address of Current Registered Agent Second Address (P.O. Box Number is Not Acceptable) Second Address (P.O. Box	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING	· GCHANGES	3
Special Country Special Country Special Country Special Country Special Special Special Special Specia	City & Stat	te		City 8	City & State				65-0306095		— 1 — —	
6. Name and Address of Current Registered Agent Part HOLLYWOOD BLVD. HOLLYWOOD FL 33020 Cay Cay FL 2p Code 8. The above named entity sub-fits finis fragress of pure furcose of changing its registered diffusion or registered agent, or both, in the State of Forda. I any furnism with, and accept time obligations of leg stered-floght. SIGNATURE Signature, typed or printbulber til spages over a first sub-fit spages over a first sub-fit spage over a first sub-fit spage. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Findical Department of State 10. OFFICERS AND DIRECTIORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11 TILE NOWE SIREST ADDRESS 2811 HOLLYWOOD BLVD. OTT-S1-2P HOLLYWOOD FL 33020 TILE NOWE SIREST ADDRESS SIREST ADDRESS CITY-S1-2P HOLLYWOOD FL 33020 TILE NOWE SIREST ADDRESS CITY-S1-2P HOLLYWOOD FL 33020 Delete TILE NOWE SIREST ADDRESS CITY-S1-2P HOLLYWOOD FL 33020 TILE NOWE SIREST ADDRESS CITY-S1-2P TILE NOWE SIREST ADDRESS CITY-S1-2P HOLLYWOOD FL 33020 TILE NOWE SIREST ADDRESS CITY-S1-2P T	Zip	Country				Coun	Country				\$8.75 Ac	ditional
Name Carles D. Lessan Stoel Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Curren	t Registered	Agent	<u> </u>		7	. Name and Address of New R	egistered		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Distribution of registered degits and publish plans faithy of grather durpose of changing its registered office or registered agent, or both, in the State of Florida. Laryfamiliar with, and accept the obligations of registered degits. SIGNATURE Signature, hydroid or profits. Dur or registered agent, or both, in the State of Florida. Laryfamiliar with, and accept the obligations of registered degits. FILE NOW!!! FEE Is \$150.00 After May 1, 2003 Fee will be \$55.00 May Be Street Address (P.O. Box Number is Not Acceptable) PL OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NOW!!! FEE Is \$150.00 After May 1, 2003 Fee will be \$55.00 May Be Street Address (P.O. Box Signature required when remarking) DATE PD SMOLER, BRUCE STREET ADDRESS COTTY-ST-70 HOLLYWOOD BLVD. STREET ADDRESS STREET ADDRES				3				$\overline{}$	1 0 1			
2811 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 City FL Zip Code 8. The above named entity subytins his fauly of the fauly of th	CERMAN.	CARLOS D	•								1	
HOLLYWOOD FL 33020 City FL Zip Code 8. The above named entity subplies fails fragress byte surpose of changing its registered agent, or both, in the State of Florida. I amplamitian with, and accept the obligations of registered significance Agent agents in the obligations of registered significance Agent agents included when intritisting. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREE ADDRESS CITY-ST-ZP NAME SIREE ADDRESS SIREE ADDRESS SIREE ADDRESS SIREE ADDRESS CITY-ST-ZP TITLE NAME SIREE ADDRESS CITY-ST-ZP Oelde 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Addition Addition Addition Change Addition Change Addition NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP Oelde 11. Change Addition Addition Change Addition Addition Change Addition NAME SIREET ADDRESS CITY-ST-ZP Oelde 11. Change Addition Addition Change Addition NAME SIREET ADDRESS CITY-ST-ZP Oelde 11. Change Addition Addition Change Addition NAME SIREET ADDRESS CITY-ST-ZP Oelde 11. Change Addition Addition Change Addition NAME SIREET ADDRESS CITY-ST-ZP Oelde 11. Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZP Oelde 11. Change Addition Change Addition Addition Addition Addition Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Addition Addition Change Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Addition Change							Street Address	ss (P.O.	. Box Number is Not Acceptable)		
8. The above named entity sub-firs file transposit bythe Auropes of changing its registered agent, or both, in the State of Florida. I anytamiliar with, and accept the originations of registered dignet. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SMOLER, BRUCE STREET ADDRESS CITY-S1-ZIP TITLE SD LERMAN, CARLOS LERMAN,												
SIGNATURE Signature Signa			Ω	_ /			City			FL	Zip Coi	de
FILE NOW!! FEE IS \$15.000 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD SMOLER, BRUCE STREET ADDRESS 2611 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 ITTLE BENTE, KATHLEEN 2611 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 ITTLE SIBERT ADDRESS CITY-ST-2P TITLE SIBERT, ADRESS CITY-ST-2P TITLE SIBERT, ADDRESS CITY-ST-2P TITLE SIBERT, ADRESS SIBERT, ADDRESS CITY-ST-2P TITLE SIBERT, ADDRESS CITY-ST	the obligat	tions of registe	subprits his tatemen	by the purpo	se of changing its	registere	ed office or regist	stered i	agent, or both, in the State of Flo	rida, Tamy	familiar with	, and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 1. OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITTER ANDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES ND DIRECTORS NI DIRECTO	JIGINATORIE .	Signature, typed	or printed pace of registered agen	t and title it applic	cable. (NOTi	Registere	d Agent signature requi	uired whe	n reinstating)	DATE		
TITLE PD SMOLER, BRUCE SITEST ADDRESS CITY-ST-ZIP POLICY STREET ADDRESS CITY-ST-ZIP POLICY STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP POLICY STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP POLICY STREET ADDRESS CITY-ST-ZIP STREET	After	r May 1, 200	3 Fee will be \$550.00	1					, -	-		
TITLE NAME SANGLER, BRUCE SAGI HOLLYWOOD BLVD. HOLLYWOOD FL 33020 TITLE SD LERMAN, CARLOS CITY-ST-ZIP TITLE VD LERMAN, CARLOS SIRECT ADDRESS CITY-ST-ZIP TITLE VD LERMAN, CARLOS CITY-ST-ZIP TITLE VD LERMAN, CARLOS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					s	11			L ADDITIONS/CHANGES TO OFFI	CERS AND	DIBECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP SD LERMAN, CARLOS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP		PD	OTT TO ETTO 7 II TE	<u> </u>			=	<u>-</u> -	12511101107011011012011015711	021.07.110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	SMOLER, 1 2611 HOLL	.ywood blvd.		_ Delete	NAM STRE	et address				one sign	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				□ Delata	TITLE					Channe	Addition
STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE BENTE, KATHLEEN STREET ADDRESS CITY-ST-ZIP TITLE BENTE, KATHLEEN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			CARLOS		Li Delete	•						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	2611 HOLL	YWOOD BLVD.			STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	HOLLYWO	OD FL 33020		- 	CITY	-ST-ZIP				<u> </u>	·
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete					•	☐ Change	Addition
CITY-ST-ZIP HOLLYWOOD FL 33020												
TITLE NAME STREET ADDRESS CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		HOLLIWO	OU FE 33020								Chapas	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Delete	1					Change	L] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		}										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP	,				City-	-ST-ZIP		,			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		***************************************		☐ Delete	TITLE					☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME					NAME	E					
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					☐ Delete						☐ Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP							ł .					
	. —	ertify that the	information supplied wit	h this filing d	ines not qualify for			Section	on 119 07/3)/i). Florida Statuton I	further cor	tify 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 an address, with an address.

SIGNATURE: