2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17154

1. Entity Name



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90032 009 ***150.00

Country Zp	CG LAW	, INC.						
Sulle, Apt. #, etc. City & State	330 ALHAME	BRA CIR	330 ALHAMBRA C			1 Jarif Bilker Hend Jaret Weet endt end end		Biblir biblir in di
City & State City & State City & State City & State Country Country Country Country S. Cottilicate of Status Desired Set. 75. Additional Feeture	Principal Place of Business 3. Mailing Address			s	*			
Zip Country Zip Country S. Certificate of Status Desired S. S. Additional Per Required Agent T. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and A	Suite, Apt. #, etc. Suite, Apt. #, etc.			D.	· · · · · · · · · · · · · · · · · · ·	☐ CHECK HERE IF MAKING CHANGES		
Service Address of Country	City & State City & State					4. FEI Number 65-0316109		Applied For
HAGGARD, WM A 330 ALHAMBRA CIR CORAL GABLES FL 33134 City FL Zip Codo a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the celligations of registered agent. SIGNATURE Syntax Proper or existence or registered agent. 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 TILE PARKS, ROBERT L PARKS, ROBERT L PARKS, ROBERT L STREET ADDRESS CITY-ST-ZP TILE PORAL GABLES FL CORAL GABLES FL CITY-ST-ZP TILE PORAL GABLES FL CITY-ST-ZP TILE PORAL GABLES FL CITY-ST-ZP TILE Deldes TILE NAME STREET ADDRESS CITY-ST-ZP TILE CITY-ST-ZP TILE CITY-ST-ZP CITY-ST-ZP TILE CITY-ST-ZP TILE CITY-ST-ZP CITY-ST-ZP TILE CITY-ST-ZP CITY-ST-ZP TILE CITY-ST-ZP CITY-ST-ZP TILE CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TILE CITY-ST-ZP CITY-ST-ZP TILE CITY-ST-ZP CITY-ST-ZP TILE CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TILE CITY-ST-ZP CITY-ST-ZP TI	Zip			Counti	гу	5. Certificate of Status Desired	\$8.75 Ad	dditional
HAGGARD, WM A 330 ALHAMBRA CIR CORAL GABLES FL 33134 City FL Zip Code		6. Name and Address of Current	Registered Agent				d Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	HAGGAR	n wm a	·		~Name ·	on the total of the second		
CORAL GABLES FL 33134 8. The above named entity submits this statement for the purpose of changing its registered agent, or boilt, in see State of Florida. I am familiar with, and act the obligations of registered agent. S.GHATURE Title NOW!!! FEE IS \$150.00					Street Address (I	P.O. Box Number is Not Acceptable)		-
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Signature				-	_			
## The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. Signature	OUINE	MDELO FE 00 104						
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE					City	F	Zip Cod	de
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	;	— — — — — — — — — — — — — — — — — — —	· · · · · · · · · · · · · · · · · · ·	ging its registered	d office or registere	ed agent, or both, in the State of Florida. I ar	n familiar with	, and accept
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 DS PARKS, ROBERT L 330 ALHAMBRA CIR CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STR		Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o				Election Campaign Financing Trust Fund Contribution.		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				11.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	IS IN 11
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NAME STREET ADDRESS CITY-ST-ZIP Change Add Change Add Change Add Change Change	NAME STREET ADDRESS		□ Delete	NAME STREET A	** 1		☐ Change	Addition
12. I hereby certify that the information supplied with this illing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes, I further certify that the information supplied with this information	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		NAME STREET A CITY-ST-	- ZIP		☐ Change	Addition

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.

SIGNATURE:

(30F) 446-8 70U