FILED Feb 13, 2002 8:00 am Secretary of State

1. Entity Nam	MENT # V5280,7 HATT & DIAZ, P.A.	7			Secretary 02-13-2002 90218	of St	ate	
Principal Place of Business 2691 E OAKLAND PARK BLVD 303 FT. LAUDERDALE FL 33306 US 2. Principal Place of Business		Mailing Address 2691 E OAKLAND PARK BLVD 303 FT. LAUDERDALE FL 33306 US 3. Mailing Address			DUU24766			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	FEI Number 65-0345496	 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	egistered Agent		7. 1	Name and Address of New Registered	Agent		
			Name					
	akland park blvd		Street Addre	ddress (P.O. Box Number is Not Acceptable)				
SUITE 303 FT. LAUDERDALE FL 33306			City	FL Zip Code				
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1, 200	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing \$5.00 May Be			
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIATT, VIRGINIA R. 2691 E OAKLAND PARK BLVD FT LAUDERDALE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT A., JR. 2691 E OAKLAND PARK BLVD FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		No. 11.	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Primar by Franches	L BCraf -7	TITLE NAME STREET ADDRESS CITY-ST-ZIP	204 91 E 4.La	A. Diaz ast Oakland Bark B uderdale, FL 333	slud, #	303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with th	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

13. 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 supplier/inital 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002 UNIFORM BUSINESS REPORT (UBR)

954-544-0071