

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-16-2000 90086 015 ***150.00

DOCUMENT # 128678
 1. Entity Name
ZURWELLE-WHITTAKER INC

Principal Place of Business Mailing Address
~~420 LINCOLN RD~~ ~~420 LINCOLN RD~~
~~601~~ ~~601~~
~~MIAMI BEACH FL 33139~~ ~~MIAMI BEACH FL 33140-3505~~
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4051 Royal Palm Ave **4051 Royal Palm Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI BEACH, FL **MIAMI BEACH, FL**

Zip Country Zip Country
33140-3505 **US** **33140-3505** **US**

4. FEI Number Applied For
59-0519990 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REEVES, JAMES D.
~~420 LINCOLN RD~~ **4051 Royal Palm Ave.**
~~MIAMI BEACH FL 33139~~ **33140**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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.

SIGNATURE *James D. Reeves, Pres* DATE *4/28/00*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	REEVES, JAMES	420 LINCOLN RD 4051 Royal Palm Ave.	MIAMI BEACH FL 33139 33140	<input type="checkbox"/>
V	DOCAL, ABELARDO L	420 LINCOLN RD 4051 Royal Palm Ave.	MIAMI BEACH FL 33139 33140	<input type="checkbox"/>
ST	REEVES, SHIRLEY M.	420 LINCOLN RD 4051 Royal Palm Ave.	MIAMI BEACH FL 33139 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *James D. Reeves, Pres* **JAMES D. REEVES** DATE *4/28/00* DAYTIME PHONE *305-534-4668*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20014 1999