2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State

DOCU 1. Entity Na	DOCUMENT # 228741 1. Entity Name						05-16-2001 90264 021 ***150.00					
GENER	AL DEVELOPMENT	Utilities inc			1							
	AL DEVELOTIVE IVI	Mailing Address	•		\dashv							
4800 N STE 10		BLVD.	.	-Er								
	RATON, FL 33431	MIAMI, FL 33	131	·								
	Place of Business NW 4TH STREET	H S7	REET	······•		DO NOT WEE	FE IN THIC C	DACE				
SUITE	113	Suite, Apt. #, etc. SUITE 113				DO NOT WRITE IN THIS SPACE						
City & Sta	E, FL	City & State SUNRISE, FL	5.9		FEI Number 9 - 0 8 8 1 9	993			Applied For Not Applicab	le		
Zip 33325	Country	Country Zip . 33325		Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				Nome	7.	Name and Add	tress of New F	Registered A	gent		7	
GRAGG, LAWRENCE K. 200 S. BISCAYNE BLVD.					Name Street Address (P.O. Box Number is Not Acceptable)							
SUITE 4				City					1 - 6		_	
<u>MIAMI,</u>	FL 33131			City				FL	Zip C	e		
SIGNATURE 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) After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State												
11.	OFFICERS AND	, ,	12.	paramon	ADD		GES TO OFFIC	ERS AND D	RECTO	RS IN 11	- 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ACKERMAN, RICH 4800 N FEDERAL BOCA RATON, FL	IWY,SUITE 105			C / O	RN, PAT AHERN, ENWICH	RICK M. 2 GREE . CT 06	N W I C H 8 3 0	Change PLA	Lacari	CR2E034 (11/00)	
TITLE VAME STREET ADDRESS CITY - ST - ZIP	V GITLIN, GENE 4800 N. FEDERAL BOCA RATON, FL	Delete HWY, SUITE 10 33431	TITLE NAME 5 ETREE CITY		1379 SUN		E.M. 4TH ST, 33325	-	113	<u> </u>		
ITLE VAME STREET ADDRESS CITY - ST - ZIP		Delete	4	T ADDRESS ST - ZIP	C/O GREI	OXII, R AHERN, NWICH	. JOHN 2 GREE <u>, C</u> T 06	N W I C H 830	Change PLA	(4.4)		
TITLE AME STREET ADDRESS CITY - ST - ZIP		Delete		T ADDRESS ST - ZIP	C/O		BERT J. 2 GREE , CT 06		Change PLA	[21]		
TITLE HAME STREET ADDRESS CITY - ST - ZIP		Delete		T ADDRESS ST - ZIP	1379	ER, AND O N.W. RISE, FL	4TH ST,	SUITE	Change	(1.7)		
ITLE IAME TREET ADORESS HTY - ST - ZIP		Delete		T ADDRESS ST - ZIP					Change	Addition		
I3. 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 of 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 or an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												
JIGITAT (SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGN	NG OFFI	CER OR DIR	ECTOR	HN, JE.	Date Date	Day	time Pho	- ////		