FILED

305-445-7W

2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11, 2002 8:00 am Secretary of State **DOCUMENT #** 602017 1. Entity Name 04-11-2002 90689 036 ***150 00 ALLEN, NORTON & BLUE, P.A. Principal Place of Business Mailing Address 121 MAJORCA 121 MAJORCA **CORAL GABLES FL 33134 CORAL GABLES FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1287650 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORTON, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 121 MAJORCA **CORAL GABLES FL 33134** 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE 16 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$558.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DTS: FRESIDENT (9/01) ☐ Addition TITLE ☐ Delete TITLE NORTON, ROBERT L. NAME NAME E034 121 MAJORCA -STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 00000 CITY-ST-7IP CITY-ST-ZIP GOMEZ, RODOLEO ΠP ☐ Change Addition. TITLE Delete MILE ALLEN, REYNOLDS NAME NAME ASST. SECNETARY, V.P. 121 MAJORCA STREET ADDRESS STREET ADDRESS 121 MAJONCA CORAL GABLES, FL 00000 CITY-ST-ZIP CITY-ST-7IP CONAL GABLES, FC 33134 Delete PETER L. SAMPO Audition TITLE TITLE BLUE, JAMES M. NAME NAME 121 MAJORCA STREET ADDRESS MAJORCA AVERUE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 00000 CITY-ST-ZIP CONAL GABLES, FL 33134 DAVID J. STEERNY Change **D**Addition TITLE □ Delete TITLE NORTON, SUSAN P NAME NAME IZI MAJORCA 121 MOJORCA STREET ADDRESS STREET ADDRESS CONALGABLES, FC 33134 CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE LEVITT, MARK E NAME NAME 121 MAJORCA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TREASUNER, Y.P., D. ☐ Delete ☐ Addition TITLE TITLE HELSBY, WAYNE L NAME NAME 121 MAJORCA STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-7IP CITY-ST-ZIP 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 interest 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 of fluster 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.