## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 30, 2001 8:00 am Secretary of State **DOCUMENT** # 743258 1. Entity Name FLORIDA JUSTICE INSTITUTE, INC. 01-30-2001 90041 009 \*\*\*\*61.25 Principal Place of Business Mailing Address 200 S BISCAYNE BLVD 200 S BISCAYNE BLVD STF 2870 STE 2870 MIAMI FL 33131-2310 MIAMI FL 33131-2310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1878598 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) BERG. RANDALL C JR. 2870 FIRST UNION FINANCIAL CENTER 200 S BISCAYNE BLVD STE 2870 City Zip Code MIAMI FL 33131 FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETREY, RODERICK N. NAME NAME STREET ADDRESS 701 BRICKELL AVE, SUITE 3000 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP n TITLE ☐ Delete TITLE Change ☐ Addition PITTS, OTIS NAME NAME 1717 NORTH BAYSHORE DRIVE, SUITE 2700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** STD Change Delete TITLE ☐ Addition TITLE SMITH, CHESTERFIELD NAME NAME STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition Delete TITLE Change BERG, RANDALL C. JR. NAME STREET ADDRESS 200 S BISCAYNE BLVD STE 2870 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS

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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the re o execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attack

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SIGNATURE

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