2002 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2002 8:00 am DOCUMENT # **743258 Secretary of State** 1. Entity Name 02-12-2002 90094 011 ****61 25 FLORIDA JUSTICE INSTITUTE, INC. Principal Place of Business Mailing Address 200 S BISCAYNE BLVD 200 S BISCAYNE BLVD STE 2870 STE 2870 MIAMI FL 33131-2310 MIAMI FL 33131-2310 US 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 59-1878598 Not Applicable Zip Country 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 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** 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) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (10/6) TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETREY, RODERICK N. NAME NAME CR2E037 STREET ADDRESS 701 BRICKELL AVE. SUITE 3000 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change PITTS, OTIS NAME NAME STREET ADDRESS STREET ADDRESS 1717 NORTH BAYSHORE DRIVE, SUITE 2700 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** STD TITLE Delete ☐ Addition TITLE ☐ Change SMITH, CHESTERFIELD NAME NAME STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3000 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Delete TITLE TITLE ☐ Change Addition BERG, RANDALL C. JR. NAME NAME STREET ADDRESS 200 S BISCAYNE BLVD STE 2870 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Miami Fl TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

1/22/02 **SIGNATURE:** 305-358-208/

12. 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

indicated on this report or supplemental report is true are of the corporation of the receiver or trustee empowered changed, or on an attachment with an adorest, with all