

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91565 028 \*\*\*150.00

DOCUMENT # **F94000001585**

1. Entity Name  
**7000 Island Boulevard Inc.**

**642974**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>7900 Island Blvd</b> Suite, Apt. #, etc. <b>Acct. Trailer # 1</b> City & State <b>Aventura FL</b> Zip <b>33160</b>		3. Mailing Address <b>7900 Island Blvd</b> Suite, Apt. #, etc. <b>Acct. Trailer # 1</b> City & State <b>Aventura FL</b> Zip <b>33160</b>	
Country <b>Miami Dade</b>	Country <b>Miami Dade</b>	Country <b>Miami Dade</b>	Country <b>Miami Dade</b>

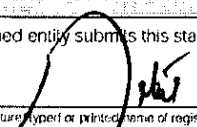
DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0479529</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="radio"/> <b>\$8.75 Additional Fee Required</b>		

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name <b>Alan Matus</b>	Street Address (P.O. Box Number is Not Acceptable) <b>7900 Island Blvd</b>	
City <b>Aventura</b>	FL	Zip Code <b>33160</b>

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  DATE \_\_\_\_\_  
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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Alan Matus 7900 Island Blvd Aventura FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President James Lieb 7900 Island Blvd Aventura, FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Carole Torrey Secretary 7900 Island Blvd Aventura FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)