## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2000 8:00 am Secretary of State DOCUMENT # F98000006859 1. Entity Name 04-12-2000 90058 021 \*\*\*150.00 NOTCH HILL ADVISORS, INC. Mailing Address Principal Place of Business 4770 BISCAYNE BLVD., STE. 830 4770 BISCAYNE BLVD., STE. 830 832780 MIAMI FL 33137-3244 MIAMI FI 33137 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0868179 Not Applie Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSS, GINA Street Address (P.O. Box Number is Not Acceptable) 4770 BISCAYNE BLVD., STE. 830 **MIAMI FL 33137** Zin Code City 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!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Do Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **X** Change TITLE TITLE Delete Kern, Andrew E. KERN, ANDREW E NAME 4770 BISLAY NE Blud, Suite 830 NAME 4770 BISCAYNE BLVD., STE 830 STREET ADDRESS STREET ADDRESS MIAMI, 44 33137 CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP DTV TITLE ☐ Delete TITLE chefitz, Harold N CHEFITZ, HAROLD N 4770 BISCAYNE BIND, SUITE 830 NAME NAME 18 NOTCH HILL DR. STREET ADDRESS STREET ADDRESS MIAMI, FL 33/37 CITY-ST-ZIP CITY-ST-ZIP LIVINGSTON NJ 07039 S. \_\_\_ -- -- --ાંદ્રી.Change Delete TITLE RUSS, GINA S NAME NAME 2800 SUNSET DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 □ \*...\* ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □:.. Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP $\Box$ ::: TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PICES/OCAT Date Dayline Phone #

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 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 directly 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