

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

0001084

**DOCUMENT # N97000003618**

1. Entity Name  
**THE FORBES GROUP, INC.**

02-26-2001 90528 018 \*\*\*\*70.00

Principal Place of Business  
**6112 N.W. 7 AVE**  
**MIAMI FL 33127**

Mailing Address  
**P.O. BOX 510189**  
**MIAMI FL 33151**

923183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**16450 N.W. 2ND AVE**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**MIAMI FLORIDA**

Zip  
**33169**

City & State  
 City

Country

4. FEI Number **65-0756071**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORBES, PHILIP R DR**  
**660 N.W. 81ST STREET**  
**318**  
**MIAMI FL 33150**

Name **DR PHILIP R. FORBES**

Street Address (P.O. Box Number is Not Acceptable)  
**16450 N.W. 2ND AVE**

City **MIAMI** FL Zip Code **33169**

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)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FORBES, PHILIP R DR.</b>	
STREET ADDRESS	<b>660 N.W. 81ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FORBES, SHERRYL L</b>	
STREET ADDRESS	<b>660 N.W. 81ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>T.</b>	<input type="checkbox"/> Delete
NAME	<b>FORBES, CLIFTON D</b>	
STREET ADDRESS	<b>660 N.W. 81ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FORBES, LA-NASIO A</b>	
STREET ADDRESS	<b>660 N.W. 81ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FORBES, JEHUCAL E</b>	
STREET ADDRESS	<b>660 N.W. 81ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FORBES, SHRELMANASSER L</b>	
STREET ADDRESS	<b>660 N.W. 81ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **DR PHILIP R. FORBES** FEB-19-2001 786-514 5302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)