## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N98000001543

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

C/O CITY FURNITURE, 251 INTL PARKWAY

HALMOS HOLDINGS, INC.,21 W LAS OLAS BLVD

RENAISSANCE CRUISES, INC.-BOX 350307

MADSEN, SAPP, MENA -7080 NW 4TH ST

PRECISION RESPONSE CORP-1505 NW 167TH ST

OFFICERS AND DIRECTORS

## PROJECT DISCOVERY, INC.

Principal Place of Business 401 SW 2ND ST FT LAUDERDALE FL 33312

2. Principal Place of Business

GOREN, SAMUEL S ESQ

FT LAUDERDALE FL 33308

CD

3099 E COMMERCIAL BLVD, SUITE 200

FILE NOW:

FEE IS \$61.25

KOENIG. KEITH

ALLEN, NED

SUNRISE FL 33325

1760 SE 10TH ST

HALMOS, STEVEN J

KIRBY, RICHARD

RODRIGUEZ, RAY

O'HARA, PAUL

PLANTATION FL 33317

SD

TD

<u>FT LAUDERDALE FL 33316</u>

FT LAUDERDALE FL 33301

FT LAUDERDALE FL 33335

Suite, Apt. #, etc.

City & State

\_Zip

**SIGNATURE** 

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

401 SW 2ND ST

FT LAUDERDALE FL 33312-1707

9. Election Campaign Financing

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

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TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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Trust Fund Contribution.

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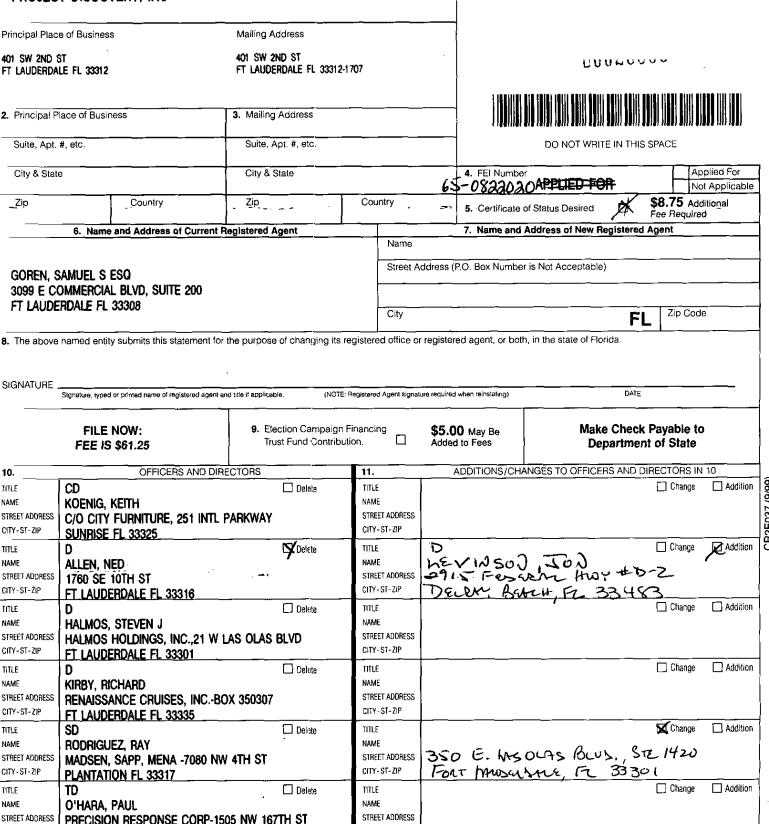
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Country

Name

## FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90067 003 \*\*\*\*70.00



MIAMI FL 33169 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 reports 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 trastee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trachanged, or on an attachment with address with all other like empowered.

CITY-ST-ZIP

SIGNATURE: