

# 2001 UNIFORM BUSINESS REPORT (UBR)

0171929

**DOCUMENT # P00000084905**

1. Entity Name  
**CHRISTIAN FOLLAND, P.A.**

FILED  
01 MAY -1 PM 5:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>940 LINCOLN RD SUITE 319 MIAMI BEACH FL 33139</b>	Mailing Address <b>940 LINCOLN RD SUITE 319 MIAMI BEACH FL 33139</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>757 Washington Ave</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Beach FL</b>	City & State	4. FEI Number <b>654038960</b>	Applied For <input type="checkbox"/>
Zip <b>33139</b>	Country <b>USA</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**FOLLAND, CHRISTIAN  
940 LINCOLN RD  
SUITE 319  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**757 Washington Ave**

City & State  
**Miami Beach FL**

Zip  
**33139**

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 **4.29.01**

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW</b> After MAY 1, 2001 Fee IS \$150.00 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Christian Folland 757 Washington Ave. Miami Beach FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100004287321--5 -05/22/01--01069--002 ****250.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 the Report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Christian Folland** **786.276.9900**

Signature and typed or printed name of signing officer or director Date Daytime Phone \*

CR2E034 (10/00)