

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000106801

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: NATIONAL TELEHOUSING OF TALLAHASSEE, INC.

Current Principal Place of Business:

900 E. BROWARD BLVD.
SUITE A
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

900 E. BROWARD BLVD.
SUITE A
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-1056549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIUSTI, PAUL J
Address: 900 E. BROWARD BLVD. SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: SCHEINER, MONROE
Address: 900 E. BROWARD BLVD. SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: DAVIS, ALAN
Address: 900 E. BROWARD BLVD. SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONROE SCHEINER, M.D.

D

04/27/2002

Electronic Signature of Signing Officer or Director

Date