## 🔁 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38101  1. Entity Name 3679 WATERS AVENUE CORPORATION									
						FILED			
Principal Place of Business Mailing Address						01 FEB - 1 PM 2: 53			
O PMREALTY	ADVISORS, INC	800 NEWPORT CTR. DR							
ite 300 Iewport BCH	CA 92660	STE 300 NEWPORT BCH CA 92660				SECRETARY OF STATE TALEAHASSEE, FLORIDA			
S		US					RII JARAN BIBIN JARA	Y CIAIT IDDI	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	FEI Number 33-0471578	h	oplied For ot Applicable		
Zip	Country	Zip	Cour	ntry	5. (	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New Registered	Agent		
— PARACORP INCORPORATED 236 EAST 6TH AVENUE				Name CT Corporation System					
				Street Add	Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32303					120	00 South Pine Island	Poad		
				City			Zip Cod		
R The ahove	named entity submits this statement fo	r the nurgose of changing its	register	ed office or re		an La CLON		324	
o. The above	A	, the purpose of changing the		0.0000000000000000000000000000000000000	9.5.5.5.5	,,		}	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if annicable (NOT	F: Registera	ed Agent signature	required when re		101/01		
		0							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!!				•	0.00	Election Campaign Financing     Trust Fund Contribution.		0 May Be	
	ria on back)	Make Check Payat		epartment o					
11.	OFFICERS AND	DIRECTORS Delete	12. TITL	- + -	AD.	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR:	S IN 11	
TITLE NAME	CAVANAUGH, JEFFREY S	La Delete	NAM			والمستنق وسند وسنو وسنو وسند وسند		_	
STREET ADDRESS	800 NEWPORT CENTER DR. STE	300		EET ADDRESS		600003656 -02/08/01			
CITY-ST-ZIP	NEWPORT BEACH CA 92660 STDV		TITL	r-ST-ZIP		****150.00		SO OF Addition	
TITLE NAME	SULLIVAN, LAWRENCE K.	☐ Delete	NAM	- I			onlings		
STREET ADDRESS	800 NEWPORT CENTER DR. STE	300		EET ADDRESS					
CITY-ST-ZIP	NEWPORT BEACH CA		_	/-ST-ZIP			C Change	☐ Addition	
TITLE NAME	DP   Hubbs,, David K	☐ Delete	TITL	I .		<u>L</u>	Change		
STREET ADDRESS	800 NEWPORT CENTER DR. STE	300		EET ADDRESS					
CITY-ST-ZIP	NEWPORT BEACH CA 92660	<u></u>	CIL	/-ST-ZIP				_	
TITLE	AS   Guy. Christopher L	☐ Delete	TITL NAM	_			Change	☐ Addition	
NAME STREET ADDRESS	800 NEWPORT CENTER DR. STE	300	4	EET ADDRESS				}	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	. 000	CITY	'-ST-ZIP					
TITLE	AS	☐ Delete	TITL	E			Change	☐ Addition	
NAME	LERCH, JEFFREY W	. 000	NAM						
STREET ADDRESS CITY-ST-ZIP	800 NEWPORT CENTER DR. STE NEWPORT BEACH CA 92660	: 300		EET ADDRESS '-ST-ZIP					
TITLE	AS	Delete	TITL	-	As	sistant Secretary	XXXChange	☐ Addition	
NAME	BRUSH, DAVID R	<b>/</b> \	NAM			ott Amling	_ ,		
STREET ADDRESS	800 NEWPORT CENTER DR #30	0		EET ADDRESS		O Newport Center Driv		ļ	
CITY-ST-ZIP	NEWPORT BEACH CA 92660			'-ST-ZIP		wport Beach, CA 92660			
indicated of the cor	on this report or supplemental report is	true and accurate and that re owered to execute this report	ny signa as requ	iture shall havi	e the same	119.07(3)(i), Florida Statutes. I further collegal effect as if made under oath; that ida Statutes; and that my name appears	l am an officer	or director	

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR R. Hubbs, President 1/15/01 942 219 5000