

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90109 035 ***150.00

DOCUMENT # P93000020229 ✓
1. Entity Name
 1691 Inc.

Principal Place of Business **Mailing Address**

2. Principal Place of Business 3511 NE 22 Avenue Suite, Apt. #, etc. # 300 City & State Ft. Lauderdale, FL Zip 33308-6226		3. Mailing Address 3511 NE 22 Avenue Suite, Apt. #, etc. # 300 City & State Ft. Lauderdale, FL Zip 33308-6226	
Country US	Country US		

4. FEI Number
65-0402415

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

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Albanese, Arvid L.
 3511 NE 22 Ave. # 300
 Ft. Lauderdale, FL 33308-6226

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent 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)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Albanese, Arvid L. 3511 NE 22 Ave. # 300 Ft. Lauderdale, FL 33308-6226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 this 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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____

CR2E034 (9/99)