## 2000 UNICORM RUSINESS REPORT (URR)

DOCUN 1. Entity Name	MENT # P930000	064284			Jan 31, 2	ILED 2000 8:00 an	
824 CORP.					Secretary of State 01-31-2000 90093 037 ***150.00		
Principal Place	e of Business	Mailing Address					
100 S.E. 2ND S' SUITE 4300 MIAMI FL 33131		100 S.E. 2ND STREET SUITE 4300 MIAMI FL 33131-2150					
2. Principal Place of Business 950 St 12 ST Suite, Apt. #, etc.		3. Mailing Address  950 S6 12 SV  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
						Applied I	
City & State	AH, FI	City & State	د		4. FEI Number 65-0463	013 Not Appl	
Zip 33010	Country	3301D	Country		5. Certificate of Status Desire	Fee Hequired	
	6. Name and Address of Current		Nam		7. Name and Address of New		
100 S SUITI	NIA, FRANCIS A ESQ. S.E. 2ND STREET E 4300 MI FL 33131		Stree	HAddress (P.C.)		FL Zip Code 330/0	
8. The above	named entity submits this statement for	or the purpose of changing its	registered offic	HiaLz e or registered		f Florida.	
SIGNATURE _	Signature, typed or printed name of egistered agent	and title if applicant (NOTE	A ルル E: Registered Agent si		HETOR ROBJOHY hen reinstatung)	DATE DATE	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.  ia on back)	FILE NOW! After MAY 1, 20 Make Check Payab		\$550.00	10. Election Campaign Trust Fund Contribu	~ _ +=.+	
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 1	
TITLE NAME STREET ADDRESS	D BATCHELOR, GEORGE E 100 S.E. 2ND STREET, SUITE 4	□	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS 950	NDA ROGERS SE 12 ST.	☐ Change	
CITY-ST-ZIP TITLE	MIAMI FL 33131	Delete	TITLE	<del></del>	LOAH, FL. 33(	Change	
NAME STREET ADDRESS CITY-ST-ZIP	POLK, RHONDA'S 950 S.E. 12TH STREET HIALEAH FL 33010		NAME STREET ADDRE	\$ 950	LEGAL F1. 33	510C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIALEAN FL SSUID	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	D/ Ann 950			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRE CITY-ST-ZIP		<b>,</b>	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		☐ Change ☐	
indicated of the cor changed,	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee empor or on an attachment with an address.	is true and accurate and that r lowered to execute this report	my signature sh as required by AAAE B	all have the sa Chapter 607, I	ame legal effect as it made und Florida Statutes; and that my r かん んろうがけるS	der dath, that I am an officer of cir	