

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 27, 2001 8:00 am
Secretary of State

04-03-2001 90035 008 ***150.00

DOCUMENT # P99000001895

1. Entity Name
BIRCH 9, INC.

Principal Place of Business 2900 N.E. 9TH STREET FORT LAUDERDALE FL 33304	Mailing Address 2900 N.E. 9TH STREET FORT LAUDERDALE FL 33304
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0891269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MASTRIANA, F. RONALD
1500 N. FEDERAL HIGHWAY
SUITE 200
FORT LAUDERDALE FL 33062

7. Name and Address of New Registered Agent
 Name **Daniel J. Martincak**
 Street Address (P.O. Box Number is Not Acceptable)
2900 NE 9th Street
Ft. Lauderdale, FL 33304
 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: *[Signature]* **DANIEL J. MARTINCAK (V.P. DIRECTOR)** 4-17-01
 Signature, typed or printed name of registered agent and title if applicable. (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE P. Director	<input type="checkbox"/> Delete
NAME GREEN, GEORGE	
STREET ADDRESS 2900 N.E. 9TH STREET	
CITY-ST-ZIP FORT LAUDERDALE FL 33304	
TITLE VP / Director	<input type="checkbox"/> Delete
NAME MARTINCAK, DANIEL J	
STREET ADDRESS 2900 N.E. 9TH STREET	
CITY-ST-ZIP FORT LAUDERDALE FL 33304	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SECRETARY - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Elaine K. Green	
STREET ADDRESS 2900 NE 9th Street	
CITY-ST-ZIP Ft. Lauderdale, FL 33304	
TITLE ASS'T. SEC. / DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lauren Martincak	
STREET ADDRESS 2900 NE 9th Street	
CITY-ST-ZIP Ft. Lauderdale, FL 33304	
TITLE V.P. DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tammy Green	
STREET ADDRESS 2900 NE 9th Street	
CITY-ST-ZIP Ft. Lauderdale, FL 33304	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **George Green** 3-30-01 **954-567-4575**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)