## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 04, 2000 8:00 am Secretary of State DOCUMENT # **P99000019426** ALEXANDER, EDWARD, LEE CO. 04-04-2000 90036 023 \*\*\*158.75 Principal Place of Business Mailing Address 7685 DEBRAUBIEN DRIVE 7685 DEBRAUBIEN DRIVE ORLANDO FL 32835 ORLANDO FL 32835 3. Mailing Address 7 h. 85 DEL EAUSIEN 2. Principal Place of Business BRIVE 7685 DEBRAUBIEN DAIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3567706 Fس ollande ORWANDO FL Not Applicable Country Country Zip \$8.75 Additional 3 28 3 S 5. Certificate of Status Desired 3283S Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent J. ROSENBERG SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 83 S ORIANDO 8. The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida PRESIDENT SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY-1; 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** Addition ☐ Delete TITLE TITLE ROSENBERG, DAVID J NAME NAME THES DEBEAUBIEN ARIVE STREET ADDRESS STREET ADDRESS 7685 DEBRAUBIEN DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. LOSENBERG (0 JAN 2000

299-9450

Daytime Phone #

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