

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90164 017 \*\*\*158.75

DOCUMENT # P99000027695  
 1. Entity Name  
**ANI - Douglas, Inc.**

**A0051184**

Principal Place of Business Mailing Address  
**2665 S. Bayshore Dr. Suite 202 Miami, FL 33133** **2665 S. Bayshore Dr. Suite 202 Miami, FL 33133**

2. Principal Place of Business 3. Mailing Address  
**9400 S. Dadeland Blvd Suite 100 Miami, FL 33156** **9400 S. Dadeland Blvd. Suite 100 Miami, FL 33156**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0978565**  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Green, Patricia K**  
**2200 Museum Tower**  
**160 W. Flagler St.**  
**Miami, FL 33130**

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**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wolfson, Louis III</b> <b>2665 S. Bayshore Dr. Ste 202</b> <b>Miami, FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wohl, Michael D</b> <b>2665 S. Bayshore Dr. Ste 202</b> <b>Miami, FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Deutch, David O.</b> <b>2665 S. Bayshore Dr. Ste 202</b> <b>Miami, FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Friedman, Mitchell M.</b> <b>2665 S. Bayshore Dr. Ste 202</b> <b>Miami, FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Warren, Richard</b> <b>2665 S. Bayshore Dr. Ste 202</b> <b>Miami, FL 33133</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wolfson, Louis III</b> <b>9400 S. Dadeland Blvd. Ste 100</b> <b>Miami, FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wohl, Michael D</b> <b>9400 S. Dadeland Blvd. Ste 100</b> <b>Miami, FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Deutch, David O.</b> <b>9400 S. Dadeland Blvd. Ste 100</b> <b>Miami, FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Friedman, Mitchell M</b> <b>9400 S. Dadeland Blvd. Ste 100</b> <b>Miami, FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Michael D. Wohl** 4/16/01 (305) 854-7100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)