

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

015724

DOCUMENT # P99000091608

1. Entity Name
THE SECRETARIAT, INC.

04-30-2001 90017 041 ***150.00

Principal Place of Business 3111 SW 27TH AVE MIAMI FL 33133	Mailing Address 3111 SW 27TH AVE MIAMI FL 33133
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646660



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3720 LOUISIANA AVE</u> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <u>PO. Box 330166</u> <small>Suite, Apt. #, etc.</small>
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City & State <u>Miami, Florida</u>	City & State <u>Miami Florida</u>	4. FEI Number 22-3699084	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33133</u>	Country <u>USA</u>	Zip <u>33233</u>	Country <u>USA</u>

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

6. Name and Address of Current Registered Agent COVINGTON, ROBERT G 5901 SW 74TH ST SUITE 402 SOUTH MIAMI FL 33143	7. Name and Address of New Registered Agent Name <u>GARY GROSS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2437 S.W. 27th LANE</u> City <u>MIAMI FL</u> <u>FL</u> Zip Code <u>33133</u>
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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] (NOTE: Registered Agent signature required when reinstating) DATE 4/22/01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, LOUISE 3111 SW 27TH AVE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY GROSS 2437 SW 27 th LANE MIAMI FL 33133 <input type="checkbox"/> Change <input checked="" 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] **305 443 3444**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)