

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90096 041 \*\*\*150.00

**DOCUMENT # P99000109145**  
 i. Entity Name  
**FLA-CGI, INC.**

Principal Place of Business <b>LAKEVIEW AVE., 17TH FLOOR PALM BEACH FL 33401</b>	Mailing Address <b>222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401</b>
---	--

652010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0968169</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**REGSERV CORP.  
222 LAKEVIEW AVE., 17TH FLOOR  
WEST PALM BEACH FL 33401**

**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 **Regserv Corp.** is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By: **Mark Nussbaum, Vice President** (NOTE: Registered Agent signature required when reinstating)

DATE **4/27/00**

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, 2000 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 <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RENDINA, BRUCE A</b>		NAME <b>Mark A. Ferrucci</b>	
STREET ADDRESS <b>222 LAKEVIEW AVE., 17TH FLOOR</b>		STREET ADDRESS <b>CT Corporation System</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>		CITY-ST-ZIP <b>1209 Orange Street</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>VP/S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Patrick J. DiSalvo</b>	
STREET ADDRESS		STREET ADDRESS <b>222 Lake view Avenue, 17<sup>th</sup> Floor</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>West Palm Beach, FL 33401</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** **Patrick J. DiSalvo**  
 Vice President **4/27/00 (501) 655-9008**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)