

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91340 013 ***150.00

00054238

DO NOT WRITE IN THIS SPACE

DOCUMENT # *551105*
 1. Entity Name
27-27 CAPITAL CORPORATION

Principal Place of Business Mailing Address
1325 SE THIRD AVENUE *1325 SE THIRD AVENUE*
FORT LAUDERDALE, FL 33316 *FORT LAUDERDALE, FL 33316*
US *US*

2. Principal Place of Business 3. Mailing Address
1323 SE THIRD AVENUE *1323 SE THIRD AVENUE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0292262 Not Applicable

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

6. Name and Address of Current Registered Agent
LOVING, JACK R.
1323 SE THIRD AVENUE
FORT LAUDERDALE, FL 33316

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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	DP	<input type="checkbox"/> Delete
NAME	<i>PHIPPS, PATRICIA B.</i>	
STREET ADDRESS	<i>1325 SE THIRD AVENUE</i>	
CITY-ST-ZIP	<i>FORT LAUDERDALE, FL 33316</i>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<i>BATES, BRETTE B</i>	
STREET ADDRESS	<i>1325 SE THIRD AVENUE</i>	
CITY-ST-ZIP	<i>FORT LAUDERDALE, FL 33316</i>	
TITLE	H	<input type="checkbox"/> Delete
NAME	<i>HOOTON, ZADA D</i>	
STREET ADDRESS	<i>1325 SE THIRD AVENUE</i>	
CITY-ST-ZIP	<i>FORT LAUDERDALE, FL 33316</i>	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1323 SE THIRD AVENUE</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1323 SE THIRD AVENUE</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1323 SE THIRD AVENUE</i>	
CITY-ST-ZIP		
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: *Patricia B. Phipps* Date: *4/23/2001* Daytime Phone #: *828-4527861*

CR2E034 (11/00)