

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

V54985

1. Entity Name

FILED

00 FEB -9 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
HIGHTOWER & RUDD, P.A.
 New World Tower, Suite 2300
 100 N. Biscayne Boulevard
 Miami, Florida 33132

2. Principal Place of Business

3. Mailing Address
 100 N. BISCAYNE BLVD

Suite, Apt. #, etc.

2300

Suite, Apt. #, etc.

2300

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number
 650333594

Applied For
 Not Applicable

Zip
 33132

Country
 U.S.

Zip
 33132

Country
 U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALE HIGHTOWER
 100 N. BISCAYNE BLVD
 SUITE 2300
 MIAMI, FL 33132

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 DALE R. HIGHTOWER

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

(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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	DALE R. HIGHTOWER	100 N. BISCAYNE BLVD	MIAMI, FL 33132	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	LS			<input type="checkbox"/>	<input type="checkbox"/>
		400003136714--3	-02/16/00--01010--017	<input type="checkbox"/>	<input type="checkbox"/>
		****150.00	****150.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

(205) 539-0909

Daytime Phone #

CR2E034 (9/99)