

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90008 016 ***158.75

DOCUMENT # 401920

1. Entity Name
O.R. COLAN ASSOCIATES, INC.

Principal Place of Business 1500 CORDOVA RD. STE 210 FT. LAUDERDALE FL 33316-2113	Mailing Address 1500 CORDOVA RD. STE 210 FT. LAUDERDALE FL 33316-2148
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1397236		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COLAN MUTH, CATHERINE 4201 N OCEAN DR UNIT 206 HOLLYWOOD FL 33019				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLAN MUTH, CATHERINE		NAME	1500 Cordova Road, Suite 210	
STREET ADDRESS	4201 NORTH OCEAN DR, APT 206		STREET ADDRESS	Fort Lauderdale, Florida 33316	
CITY-ST-ZIP	HOLLYWOOD FL 33179		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCES K. LAMONICA		NAME		
STREET ADDRESS	1140 N.E. 204TH STREET		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASILA, RICHARD M		NAME		
STREET ADDRESS	527 S.W. 27TH RD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 3312-9		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRYMAN, ROBERT N		NAME	Merryman, Robert N	
STREET ADDRESS	31 TOPPING LANE		STREET ADDRESS	31 Topping Lane	
CITY-ST-ZIP	ST. LOUIS MO 63131		CITY-ST-ZIP	St. Louis, MO 63131	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMMAR, KAREN		NAME		
STREET ADDRESS	4201 N. OCEAN DR., APT. 206		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARMSTRONG, ALLEN A		NAME		
STREET ADDRESS	RT. 1, BOX 342A		STREET ADDRESS		
CITY-ST-ZIP	GOODE VA 24556		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: Catherine Colan Muth, Pres **4-26-00** **304 327-6968**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CATHERINE COLAN MUTH

CR2E034 (9/99)