

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2001 90329 033 \*\*\*150.00

**DOCUMENT # G17868**

1. Entity Name  
**701 BUILDING CORP.**

Principal Place of Business <b>701 S.E. 6TH AVENUE          DELRAY BCH. FL 33483</b>	Mailing Address <b>701 S.E. 6TH AVENUE          DELRAY BCH. FL 33483</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>50 E. Sample Road</b>	3. Mailing Address <b>50 E. Sample Road</b>
--	--

Suite, Apt. #, etc. <b>400</b>	Suite, Apt. #, etc. <b>400</b>
City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach, FL</b>

4. FEI Number <b>59-2246630</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <b>33064</b>	Country <b>USA</b>	Zip <b>33064</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
---------------------	-----------------------	---------------------	-----------------------	---

6. Name and Address of Current Registered Agent <b>SCHEER, DANA          701 S.E. 6TH AVENUE          DELRAY BEACH FL 33483</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>50 E. Sample Road</b> <b>Suite 400</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33064</b>
--	--

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 type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PD FLORESCUE, BARRY W 701 SE 6TH AVENUE DELRAY BCH, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>50 E. Sample Road, #400 Pompano Beach, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV SCHEER, DANA 701 SE 6TH AVENUE DELRAY BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>50 E. Sample Road, #400 Pompano Beach, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FLORESCUE, RENATE 701 SE 6TH AVENUE DELRAY BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>50 E. Sample Road, #400 Pompano Beach, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dana M Scheer* **OP DANA M SCHEER** 4/24/01 954 784 3031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)