

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G17868**

1. Entity Name

701 BUILDING CORP.**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90329 033 ***150.00

Principal Place of Business

**701 S.E. 6TH AVENUE
DELRAY BCH, FL 33483**

Mailing Address

**701 S.E. 6TH AVENUE
DELRAY BCH, FL 33483**

2. Principal Place of Business

50 E. Sample Road

Suite, Apt. #, etc.

400

City & State

Pompano Beach, FLZip
33064Country
USA

3. Mailing Address

50 E. Sample Road

Suite, Apt. #, etc.

400

City & State

Pompano Beach, FLZip
33064Country
USA

4. FEI Number

59-2246630

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHEER, DANA**701 S.E. 6TH AVENUE
DELRAY BEACH FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

50 E. Sample Road**Suite 400**

City

Pompano Beach**FL**Zip Code
33064

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

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.
(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 State10. 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	PD	<input type="checkbox"/> Delete
NAME	FLORESCUE, BARRY W	
STREET ADDRESS	701 SE 6TH AVENUE	
CITY-ST-ZIP	DELRAY BCH, FL 33483	

TITLE	SV	<input type="checkbox"/> Delete
NAME	SCHEER, DANA	
STREET ADDRESS	701 SE 6TH AVENUE	
CITY-ST-ZIP	DELRAY BCH FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME	FLORESCUE, RENATE	
STREET ADDRESS	701 SE 6TH AVENUE	
CITY-ST-ZIP	DELRAY BCH FL	

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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	50 E. Sample Road, #400	
CITY-ST-ZIP	Pompano Beach, FL 33064	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	50 E. Sample Road, #400	
CITY-ST-ZIP	Pompano Beach, FL 33064	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)