

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H80313

1. Entity Name  
**TWENTY-SEVEN BIRDS CORPORATION**

Principal Place of Business

2841 CYPRESS CREEK RD.  
FT. LAUDERDALE FL 33309

Mailing Address

2841 CYPRESS CREEK RD.  
FT. LAUDERDALE FL 33309

2. Principal Place of Business

5059 N.E. 18th AVENUE

3. Mailing Address

5059 N.E. 18th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

59-2616034

Applied For

Not Applicable

Zip

Country

33334

BROWARD

Zip

Country

33334

BROWARD

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

FLANIGAN, JAMES G  
2721 BIRD AVENUE  
MIAMI FL 33133

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

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 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: DPT  
NAME: FLANIGAN, MICHAEL B  
STREET ADDRESS: 2721 BIRD AVE.  
CITY-ST-ZIP: MIAMI FL  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS: 800004139638  
CITY-ST-ZIP: -05/07/01--01124--002  
\*\*\*1350.00 \*\*\*\*150.00

TITLE: DVP  
NAME: FLANIGAN, JAMES G  
STREET ADDRESS: 2721 BIRD AVE.  
CITY-ST-ZIP: MIAMI FL  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: S  
NAME: FLANIGAN, JAMES G  
STREET ADDRESS: 2721 BIRD AVE.  
CITY-ST-ZIP: MIAMI FL  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: D  
NAME: FLANIGAN, JOSEPH G  
STREET ADDRESS: 2721 BIRD AVE.  
CITY-ST-ZIP: MIAMI FL  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  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:

*James G. Flanigan II*  
JAMES G. FLANIGAN II

4/17/01

(954) 377-1961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 APR 26 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)