2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89669

FILED
01 JUN 25 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

11 CORPORATION, INC.

Principal Place of Business	Mailing Address
330 SOUTHERN BLVD. WEST PALM BEACH FL 33405	330 SOUTHERN BLVD. WEST PALM BEACH, FL 33405

2. Principal Place of Business	3. Mailing Address
	5059 NE 18th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FT. LAUDERDALE, FL
Zip / Country	Zip: 33334 / Country: BROWARD

4. FEI Number: 59-2656551 ☐ 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

Name: ROBERT KRAMER
Street Address (P.O. Box Number is Not Acceptable): 4000 HOLLYWOOD BLVD. - #485 SOUTH
City: HOLLYWOOD FL Zip Code: 33021

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PULTS, LEON CARL 6604 EASTVIEW DRIVE LANTANA, FL ☐ Delete	400004139634--8 -05/07/01--01124--002 ****1350.00 ****150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PULTS, GALE ANDREA 6604 EASTVIEW DRIVE LANTANA, FL ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ 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: [signature] L. PULTS 4.17.01 (954) 377-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #