## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 31, 2001 8:00 am DOCUMENT # 299000 19454 **Secretary of State** 1. Entity Name 07-31-2001 90243 030 \*\*\*150.00 800 ANDREWS AVENUE CORPORATION Principal Place of Business Mailing Address 315 NE Third Ave., #200 00060221 Fort Lauderdale, FL 33301 3. Mailing Address 2. Principal Place of Business 315 NE 3rd Ave., #200 315 NE 3rd Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 200 Suite 200 City & State City & State 4. FEI Number Applied For 65-0999884 Fort Lauderdale Fort Lauderdale, FL Not Applicable Zip 33301 Country Country \$8.75 Additional 5. Certificate of Status Desired 33301 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Walter L. Morgan, Esq. Rodriquez & Angelo; P.A. 333 N. New River Drive East, #4000 Street Address (P.O. Box Number is Not Acceptable), Fort Lauderdale, FL 33301 315 NE 3rd Ave., #200 City Fort Lauderdale Zip Code 33301 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. 7/26/01 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of Sta OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President President/Director пп.ғ ☐ Delete XX Change ☐ Addition Walter L. Morgan, as Trustee LES 315 NE 3 Ave., #200 NAME STREET ADDRESS STREET ADDRESS Fort Lauderdale, FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition MALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITL & NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

changed, or on an attachment with an address, with all other like empowered AX 00, Walter L. Morgan, as Trustee SIGNATURE: