Daytime Phone #

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

Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional   \$9.75 A	DOCU 1. Entity Nar	MENT #	P00000	NESS REPO 0039036	ORT (U	JBR)					8:0 of St	0 am ate
Sulfo, Ap.I. #, etc.   Sulfo, Ap.I. #, etc.   Sulfo, Ap.I. #, etc.   DO NOT WRITE IN THIS SPACE    City & State   City & State   City & State   City	2601 S. BAY	SHORE DR.	2601 S. BAYSHORE DR.	801 S. BAYSHORE DR.			1 # <b>6</b> 0/1 <b>06</b> # 111 <b>00</b> #	II <b>33</b> II; <b>33</b> KI <b>31</b>	) <b>10</b> 11/ <b>00/70</b>	101 <b>0 10</b> 111 <b>00</b> 101	<b>1</b>	
City & State    City & State   City & State   Country   Zip   Country   St. 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	2. Principal F	Place of Business		3. Mailing Address			-					
Zip Country Zip Country 5. Certificate of Status Desired \$3.7.5 Additional \$3.7.5 Ad	Suite, Apt.	. #, etc.			-	D	O NOT WRIT	Ë IN THIS S	PACE			
Zip Country Zip Country 8. Certificate of Status Desired S8.75 Addenoral Fee Programment Country 8. Certificate of Status Desired S8.75 Addenoral Fee Programment Country 8. Certificate of Status Desired S8.75 Addenoral Fee Programment Country Status Desired Agent 7. Name and Address of New Registered Agent 8. New Register Agent 8. New Registered Agent 8. New	City & Stat	te	-	City & State			4. FEI Number Applied For					
8. Name and Address of Current Registered Agent  KLEIN, BRENT D  MAME  KLEIN, BRENT D  MAME  KLEIN, BRENT D  MAME  Sites Address (P.O. Box Number is Not Acceptable)  Streat A	Zip	Cour	itry	Zin	Country		(	65-16	)  /7 <u>.</u>		No	ot Applicable
KLEIN, BRENT D 801 BRICKELL AVE., SUITE 1901 MIAMI FL 33131  City FL Zip Code  6. 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, these or parase name of registered agent and life it suplicable. (NOTE Registered Agent signature required when namedating)  9. This corporation is eligible to satisfy its intengible at particle to do so. (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  After Saptember 12, 2001 Fee will be \$750,00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DEFINIELD, WILLY A 2801 S. BAYSHORE DR.  SIRET ADDRESS CITY-ST-2P  MIAMI FL 33133  Debete  171.1.  Debete  171.1.  Debete  171.1.  Debete  171.1.  NAME SIRET ADDRESS CITY-ST-2P  MIAMI FL 33133  Debete  171.2.  NAME SIRET ADDRESS CITY-ST-2P  MIAMI FL 33133  Debete  171.2.  Debete  171.2.  NAME SIRET ADDRESS CITY-ST-2P  MIAMI FL 33133  Debete  171.2.  Debete  171.3.  Debete  171.4.  NAME SIRET ADDRESS CITY-ST-2P  MIAMI FL 33133  Debete  171.4.  Debete  171.4.  NAME SIRET ADDRESS CITY-ST-2P  MIAMI FL 33133  Debete  171.5.  Debete  171.6.  NAME SIRET ADDRESS CITY-ST-2P  MIAMI FL 33133  Debete  171.6.  Debete  171.6.  Debete  171.6.  NAME SIRET ADDRESS CITY-ST-2P  THE NAME SIRET ADDRESS CITY-				, 	Country		ļ			F	ee Require	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)    City		6. Name and Ad	Idress of Current Re	gistered Agent	Na	ıme	7. Nam	e and Addre	ss of New R	egistered A	gent	
Signature  Signature to the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature typed or primer name of registered agent and rise if applicable. (NOTE Registered Agent sometime required whose revisitating)  Part in corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Signature typed or primer name of registered agent and rise if applicable. (NOTE Registered Agent sometimen required whose revisitating)  Part In Specific Registered Agent sometimen required whose revisitating)  Part In Specific Registered Agent specific agent, or both, in the State of Florida.  Signature typed or primer name of registered agent, or both, in the State of Florida.  Signature typed or primer name of registered agent, or both, in the State of Florida.  Signature typed or primer name of registered agent, or both, in the State of Florida.  Signature typed or primer name of registered agent, or both, in the State of Florida.  Signature typed or primer name of registered agent, or both, in the State of Florida.  Signature typed or primer name of registered agent, or both, in the State of Florida.  Signature typed or primer name of registered agent, or both, in the State of Florida.  10. Election Campaign Financing Added to Fees S50.00 May Election Campaign Financing Added to Fees Signature of State of Change Added to Fees Signature name of registered agent, or both, in the State of Florida.  10. Election Campaign Financing Typed Contribution.  10. Ele	801 BRICKELL AVE., SUITE 1901			e <del>e e e</del> e e e e e e e e e e e e e e e	Street Address (			Number is No	t Acceptable	)	·	
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  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Tax filling requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SIRRET ADDRESS  CITY-S1-ZIP  MIAMI FL 33133  Delete  TITLE  AJAMIL, LUIS  SOB 1 S. BAYSHORE DR.  MIAMI FL 33133  Delete  TITLE  NAME  SIRRET ADDRESS  CITY-S1-ZIP  NAME  SIRRET ADDRESS  CITY-S1-ZIP  NAME  SIRRET ADDRESS  CITY-S1-ZIP  TITLE  NAME  SIRRET ADDRESS  CITY-S1-ZIP  DINO, HENRY  801'S -BAYSHORE DR.  MAMI FL 33133  Delete  TITLE  NAME  SIRRET ADDRESS  CITY-S1-ZIP  CITY-S1-ZIP  TITLE  NAME  SIRRET ADDRESS  CITY-S1-ZIP  TITLE  NAME  SIRRET ADDRESS  CITY-S1-ZIP  CITY-S1-ZIP  TITLE  NAME  SIRRET ADDRESS  CITY-S1-ZIP  CITY-S1-ZIP  TITLE  NAME  SIRR		33.31			Cit	Y			<del></del> :	EI	Zip Code	<u> </u>
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  D AJAMIL, LUIS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD	9. This corpo	oration is eligible to sa requirement and elec	atisfy its Intangible ts to do so.	FILE NOW!	!!! FEE IS \$ 2, 2001 Fee \	550.00 will be \$750.0	00	0. Election C		ancing _		
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