FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State P96000073790 DOCUMENT # 1. Entity Name 04-17-2002 90125 028 ***150.00 700 BUILDING, INC. Principal Place of Business Mailing Address 700 EAST DANIA BEACH BLVD 700 EAST DANIA BEACH BLVD DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0692851 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent RYAN, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 700 EAST DANIA BEACH BLVD DANIA BEACH FL 33004 City 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 FILE NOW!!! 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Addition ☐ Delete RYAN, CHRISTOPHER J NAME NAME 700 EAST DANIA BEACH BLVD STREET ADDRESS STREET ADDRESS DANIA FL 33004 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME RYAN, ARCHIE J III NAME STREET ADDRESS 700 EAST DANIA BEACH BLVD STREET ADDRESS CITY-ST-ZIP DANIA FL 33004 CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME RYAN, TIMOTHY M NAME STREET ADDRESS 700 EAST DANIA BEACH BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DANIA FL 33004 ☐ Addition ☐ Delete □ Change TITLE TITLE NAME 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 ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP cupplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ental 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 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 13. I hereby certify that the information indicated on this report or supplemental to the control of the contro

SIGNATURE:

of the corporation or the regeiver changed, or on an attachment v

> YPED OR PRINTED NAME F SIGNING OFFICER OR DIRECTOR

ke empowered.

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