

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90071 049 ***150.00

DOCUMENT # G17868

1. Entity Name

701 BUILDING CORP. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
50 E. Sample Road

Suite, Apt. #, etc.
400

City & State

Pompano Beach, FL

Zip
33064

Country
USA

3. Mailing Address

50 E. Sample Road

Suite, Apt. #, etc.
400

City & State

Pompano Beach, FL

Zip
33064

Country
USA

4. FEI Number

59-2246630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Scheer, Dana M.

Street Address (P.O. Box Number is Not Acceptable)
50 E. Sample Road, Suite 400

City
Pompano Beach,

FL

Zip Code
33064

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
PB
NAME
FLORESCUE, BARRY W
STREET ADDRESS
50 E. Sample Road, Suite 400
CITY-ST-ZIP
Pompano Beach, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
SV
NAME
SCHEER, DANA M.
STREET ADDRESS
50 E. Sample Road, Suite 400
CITY-ST-ZIP
Pompano Beach, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VP
NAME
FLORESCUE, RENATE
STREET ADDRESS
50 E. Sample Road, Suite 400
CITY-ST-ZIP
Pompano Beach, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002 (954) 784-3031