

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90154 015 \*\*\*150.00

**DOCUMENT # 237510**  
 1. Entity Name  
**2801 INCORPORATED**

Principal Place of Business <b>ELEANOR ALBE</b> <b>2801 NE 14TH ST</b> <b>FT LAUDERDALE FL 33304</b> <b>US</b>	Mailing Address <b>ELEANOR ALBE</b> <b>2801 NE 14TH ST</b> <b>FT. LAUDERDALE FL 33304</b> <b>US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-0907721</b>	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>ALBE, ELEANOR</b> <b>2801 NE 14TH ST</b> <b>FT LAUDERDALE FL 33304</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 ELEANOR ALBE  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD President</b>	NAME <b>ALBE, ELEANOR</b>	TITLE <b>DIRECTOR</b>	NAME <b>TOM MULLERY</b>
STREET ADDRESS <b>2801 NE 14TH ST</b>	CITY-ST-ZIP <b>FT LAUDERDALE, FL 00000</b>	STREET ADDRESS <b>2801 NE 14th St</b>	CITY-ST-ZIP <b>FT LAUDERDALE FL 33304</b>
TITLE <del>D</del>	NAME <del>RIDDLE, JOHN</del>	TITLE <b>ZEN MIERZWA</b>	NAME <b>2801 NE 14 ST DIRECTOR</b>
STREET ADDRESS <del>2801 NE 14TH ST</del>	CITY-ST-ZIP <del>FT LAUDERDALE, FL 00000</del>	STREET ADDRESS <b>FT LAUDERDALE FL</b>	CITY-ST-ZIP <b>33304</b>
TITLE <b>D TREASURER, Sec</b>	NAME <b>STEINLAUF, ROBERT</b>	TITLE <b>DIRECTOR</b>	NAME <b>JOHN IRWIN</b>
STREET ADDRESS <b>2801 NE 143 ST</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	STREET ADDRESS <b>2801 NE 14 ST</b>	CITY-ST-ZIP <b>FT LAUDERDALE F. 33304</b>

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: SIGNA Eleanore Albe **4/4/02** **954 566 2489**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)