

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90063 046 ***150.00

DOCUMENT # 476006
1. Entity Name Project ADVISERS Corp. ✓

DO NOT WRITE IN THIS SPACE

80093705

2. Principal Place of Business <u>7001 SW 61 AVE</u> Suite, Apt. #, etc.		3. Mailing Address <u>P.O. Box 432050</u> Suite, Apt. #, etc.		4. FEI Number <u>19-1699264</u>		<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
City & State <u>Miami FLORIDA</u>		City & State <u>Miami FLORIDA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip <u>33143</u>	Country <u>U.S.A.</u>	Zip <u>33243</u>	Country <u>U.S.A.</u>				

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7. Name and Address of Current Registered Agent

Name BARBELLA, NICHOLAS

Street Address (P.O. Box Number is Not Acceptable)
7001 SW 61 AVENUE

City Miami FL Zip Code 33143

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] DATE 4-30-02
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>EXD MURPHY, LINDA 7001 SW 61 AVE. MIAMI, FL 33143</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PST MURPHY, LINDA 7001 SW 61 AVE. MIAMI, FL. 33143</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BARBELLA, NICHOLAS J. 7001 SW 61 AVE. MIAMI, FL. 33143</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] DATE 4/30/02 DAYTIME PHONE # (305) 266-5520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR