## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 582923 Apr 27, 2000 8:00 am Secretary of State JERRY GREEN, P.A. 04-27-2000 90017 034 \*\*\*150.00 Mailing Address Principal Place of Business 9200 S DADELAND BLVD 9200 S DADELAND BLVD SUITE 700 SUITE 700 MIAMI FL 33156-2715 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1855254 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREEN, JERRY Street Address (P.O. Box Number is Not Acceptable) 9200 S. DADELAND BLVD SUITE 700 MIAMI FL 33156 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition PTS TITLE ☐ Delete TITLE GREEN, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 9200 S. DADELAND BLVD, SUITE 700 CITY-ST-ZIP CITY-ST-ZIP **MIAMI, FL FL 33156** Addition Change TITLE ☐ Delete TITLE NAME GREEN, JERRY NAME STREET ADDRESS 9200 S. DADELAND BLVD, SUITE 700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** · --- -- -- -- Change - - Addition - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 paper 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:

TED WATE OF SIGNING OFFICER OR DIRECTOR

Till Jerry Green, PST April 21, 2000 305-670-8206