

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **705628**
 1. Entity Name **JOHN PAUL CORPORATION**
~~12100 WEST DIXIE HWY~~
NORTH

FILED
 01 JAN 31 AM 11:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
12100 WEST DIXIE HWY
NORTH MIAMI, FLORIDA
33161

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **23714258** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Thomas Romanik

7. Name and Address of New Registered Agent
 Name **THOMAS ROMANIK**
 Street Address (P.O. Box Number is Not Acceptable) **195 N.W. 10320 ST**
 City **Miami, Shores** FL Zip Code **33150**

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 **Thomas Romanik** **1/02/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PRECIDENT	<input type="checkbox"/> Delete
STREET ADDRESS	MICHAEL MCDONNARD	
CITY-ST-ZIP	840 121 TH NE	
	NORTH MIAMI, FLA 33161	
TITLE NAME	VICE-PRESIDENT	<input type="checkbox"/> Delete
STREET ADDRESS	WILLIAM DRISBACH	
CITY-ST-ZIP	1840 NE 124TH	
	N MIAMI 33181	
TITLE NAME	TREASURER	<input type="checkbox"/> Delete
STREET ADDRESS	THOMAS ROMANIK	
CITY-ST-ZIP	195 N.W. 10320 ST	
	Miami Shores Fla 33150	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T	Stephen Martin	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12505 HICKORY RD.	
CITY-ST-ZIP		N. MIAMI, FLORIDA 33181	
TITLE NAME	T	FRED THOMPSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		95 NE 125TH ST	
CITY-ST-ZIP		NORTH MIAMI FLORIDA 33161	
TITLE NAME	T	KEVIN SEGAL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12665 N.W. 8TH AVE	
CITY-ST-ZIP		MIAMI, FLORIDA 33168	
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		900003655609--1	
CITY-ST-ZIP		-02/07/01--01023--019	
		***253 75 ***253 75	
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		98-01 UBR	
CITY-ST-ZIP		178	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas Romanik** **THOMAS ROMANIK TREAS.** **1/02/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)