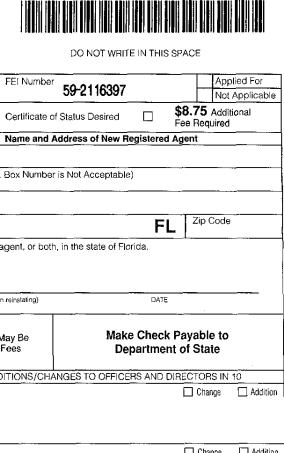
## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 744107** 1. Entity Name 44 NORTH ASSOCIATION, INC. Principal Place of Business Mailing Address 19720 BOB-O-LINK DRIVE 19720 BOB-O-LINK DRIVE MIAM! FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

## **FILED** Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90023 027 \*\*\*\*61.25



		<u> </u>						
City & State		City & State		4. FEI Number	59-2116397		lied For Applicable	
Zip Country		Zip	Country	5. Certificate of S		8.75 Addit	ional	
	6. Name and Address of Current F	Registered Agent		7. Name and Ad	dress of New Registered Ac	ent		
			Name					
ANNUNZIATO, ANGELO A 19720 BOB-O-LINK DRIVE MIAMI FL 33015			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	egistered agent, or both, i		<u> </u>		
SIGNATURE _								
			E: Registered Agent signature	required when reinstating)	DATE			
FILE NOW: 9. Electio FEE IS \$61.25			n Financing ution.	\$5.00 May Be Added to Fees	Make Check Pa Department o		_	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS AND DIR	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVARES, ALBERTO 19636 BOB-O-LINK DRIVE MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANNUNZIATO, ANGELO A 19720 BOB-O-LINK DRIVE MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLACCI, JOHN 19816 BOB-O-LINK DRIVE MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILBIN, GLORIA 19704 BOB-O-LINK DRIVE MIAMI FL 33015	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERRY, JEANNE 19700 BOB-O-LINK DRIVE MIAMI FL 33015	Selete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

12. Thereby 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 me 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 Change 617, Elorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all others like empowered.

SIGNATURE:

Daytime Phone #