

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000005753

1. Entity Name
PROJECT 501 CORP.

Principal Place of Business
1402 BRICKELL BAY DRIVE, SUITE 501
MIAMI FL 33131

Mailing Address
1402 BRICKELL BAY DRIVE, SUITE 501
MIAMI FL 33131

2. Principal Place of Business
4040 N.E. 2ND AVENUE

3. Mailing Address

Suite, Apt. #, etc.
#308

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33137

Country

Zip

Country

4. FEI Number
65-1002125

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

NATIONAL COPORATE RESEARCH, LTD.
1406 HAYES STREET

TALLAHASSEE FL 32301 US

7. Name and Address of New Registered Agent

Name

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 registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE 01/23/2001

Signature, typed or printed name of registered agent and title 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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 SD ☐ Delete
NAME LAFEE OSWALDO
STREET ADDRESS 1402 BRICKELL BAY DRIVE, SUITE 501
CITY-ST-ZIP MIAMI FL 33131

TITLE PD ☐ Delete
NAME KATTAN DANIEL
STREET ADDRESS 1402 BRICKELL BAY DRIVE, SUITE 501
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: DANIEL KATTAN

PD

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)