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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF

Jan 20, 2001 8:00 am **DOCUMENT # F07678** Secretary of State JANE L. CARVER, P.A. 01-20-2001 90074 021 ***150.00 Principal Place of Business Mailing Address 9251 SW 58 TERR 285 N.W. 199TH STREET 40000000 MIAMI FL 33173 HS MIAMI FL 33169 3. Mailing Address 2. Principal Place of Business **GELBER & COMPANY** Suite, Apt. #, etc. 285°N:W. 199th STREET, #204 DO NOT WRITE IN THIS SPACE City & Stale City & State Applied For 4. FEI Number 59-2052921 305-651-8000 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ≥6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARVER, JANE L Street Address (P.O. Box Number is Not Acceptable) 9251 SW 58TH TERR **MIAMI FL 33173** City 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, typed or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Change ☐ Addition TITLE ☐ Delete CARVER, JANE L NAME NAME 9251 SW 58TH TERR STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐1 Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attacyment with an address, with all other like empowered.