

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91565 028 \*\*\*150.00

**DOCUMENT #** F94000001585 ✓

**1. Entity Name**

7000 Island Boulevard Inc.

**642974**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

7900 Island Blvd

Suite, Apt. #, etc.

Acct. Trailer #1

City & State

Aventura FL

Zip

33160

Country

Miami Dade

**3. Mailing Address**

7900 Island Blvd

Suite, Apt. #, etc.

Acct. Trailer #1

City & State

Aventura FL

Zip

33160

Country

Miami Dade

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

65-0479529

Applied For

Not Applicable

**5. Certificate of Status Desired**

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Alan Matus

Street Address (P.O. Box Number is Not Acceptable)

7900 Island Blvd

City

Aventura

**FL**

Zip Code

33160

**DO NOT WRITE  
IN THIS SPACE**

**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)

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.**  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>President</u>
NAME	<u>Alan Matus</u>
STREET ADDRESS	<u>7900 Island Blvd</u>
CITY-STATE-ZIP	<u>Aventura FL 33160</u>
TITLE	<u>Vice President</u>
NAME	<u>James Lieb</u>
STREET ADDRESS	<u>7900 Island Blvd</u>
CITY-STATE-ZIP	<u>Aventura, FL 33160</u>
TITLE	<u>Carole Torrey</u>
NAME	<u>Secretary</u>
STREET ADDRESS	<u>7900 Island Blvd</u>
CITY-STATE-ZIP	<u>Aventura FL 33160</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)