

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90048 001 \*\*\*150.00

0114498

**DOCUMENT # F94000001699**

1. Entity Name

FLA. HOLDINGS, INC.

Principal Place of Business

2881 CORPORATE WAY  
 MIRAMAR FL 33025  
 US

Mailing Address

P.O. BOX 277810  
 MIRAMAR FL 33027-7810  
 US

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 **73-1430294**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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

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) ☐

**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          | VS                    | <input type="checkbox"/> Delete |
| NAME           | GEORGE BLEWS          |                                 |
| STREET ADDRESS | 2881 CORPORATE WAY    |                                 |
| CITY-ST-ZIP    | MIRAMAR FL 33025      |                                 |
| TITLE          | PD                    | <input type="checkbox"/> Delete |
| NAME           | E.G. SLAUTTERBACK     |                                 |
| STREET ADDRESS | 2881 CORPORATE WAY    |                                 |
| CITY-ST-ZIP    | MIRAMAR FL 33027-7810 |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | REIN, H. T.           |                                 |
| STREET ADDRESS | 105 ROWAYTON AVE      |                                 |
| CITY-ST-ZIP    | ROWAYTON CT 06853     |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | MIGLIORINO, R.        |                                 |
| STREET ADDRESS | 105 ROWAYTON AVE      |                                 |
| CITY-ST-ZIP    | ROWAYTON CT 06853     |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*George Blews*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01  
 Date

(954) 704-4484  
 Daytime Phone #

CR2E034 (10/00)