

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90260 031 ****70.00

DOCUMENT # F96000002907

1. Entity Name

FLI, INC.

Principal Place of Business

1013 LUCERNE AVENUE
 SUITE 1
 LAKE WORTH FL 33460

Mailing Address

1013 LUCERNE AVENUE
 SUITE 1
 LAKE WORTH FL 33460

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

65-0694625

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTH HARRIS-SHAW
~~75 NE 6TH AVE #114~~
~~DELRAY BEACH FL 33483~~

same as above

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

R. Harris Shaw

5-1-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ED Delete
 NAME: HARRIS-SHAW, RUTH
 STREET ADDRESS: ~~75 NE 6TH AVE., STE. 114~~
 CITY-ST-ZIP: ~~DELRAY BEACH FL 33483~~

TITLE: Change Addition
 NAME: *RUTH HARRIS-SHAW*
 STREET ADDRESS: *1013 Lucerne Ave, Ste. 1*
 CITY-ST-ZIP: *Lake Worth, FL 33460*

TITLE: D Delete
 NAME: HOUSHOLDER, GRACE W
 STREET ADDRESS: 816 MOTT ST
 CITY-ST-ZIP: KENDALLVILLE IN 46755

TITLE: Change Addition
 NAME: *GRACE W HOUSHOLDER*
 STREET ADDRESS: *816 MOTT ST*
 CITY-ST-ZIP: *KENDALLVILLE IN 46755*

TITLE: PD Delete
 NAME: RUBIN, MURRAY
 STREET ADDRESS: PO BOX 30469
 CITY-ST-ZIP: LOS ANGELES CA 90034

TITLE: Change Addition
 NAME: *MURRAY RUBIN*
 STREET ADDRESS: *PO BOX 30469*
 CITY-ST-ZIP: *LOS ANGELES CA 90034*

TITLE: D Delete
 NAME: GAZZARA, ELKE
 STREET ADDRESS: 1080 MADISON AVE
 CITY-ST-ZIP: NEW NY 10068

TITLE: Change Addition
 NAME: *ELKE GAZZARA*
 STREET ADDRESS: *1080 MADISON AVE*
 CITY-ST-ZIP: *NEW NY 10068*

TITLE: Delete
 NAME: *[Blank]*
 STREET ADDRESS: *[Blank]*
 CITY-ST-ZIP: *[Blank]*

TITLE: Change Addition
 NAME: *[Blank]*
 STREET ADDRESS: *[Blank]*
 CITY-ST-ZIP: *[Blank]*

TITLE: Delete
 NAME: *[Blank]*
 STREET ADDRESS: *[Blank]*
 CITY-ST-ZIP: *[Blank]*

TITLE: Change Addition
 NAME: *[Blank]*
 STREET ADDRESS: *[Blank]*
 CITY-ST-ZIP: *[Blank]*

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Harris Shaw* UBR# *Harris-shaw 5/1/01 561-585-7771*

CR2E037 (10/00)