

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90042 027 ***150.00

DOCUMENT # **F99000005232**

1. Entity Name
AEOLOGIS CORPORATION

Principal Place of Business 6250 N ANDREW AVE SUITE A235 FORT LAUDERDALE FL 33304	Mailing Address 6250 N ANDREW AVE SUITE A235 FORT LAUDERDALE FL 33304
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2. Principal Place of Business 6250 N ANDREW AVE	3. Mailing Address 6250 N ANDREW AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0987050	Applied For <input type="checkbox"/> Not Applicable
Zip 33309	Country	Zip 33309	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TALANSKY, ALAN 2665 SOUTH BAYSHORE DRIVE, SUITE 202 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MICHAEL D. MURPHY 6250 N. ANDREWS AVE, SUITE A235 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TALANSKY, ALAN 2665 SOUTH BAYSHORE DRIVE, SUITE 202 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ELLIOT B. NEWMAN 6250 N ANDREWS AVE, SUITE A235 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANICE W. NEWMAN 6250 N ANDREWS AVE, SUITE A235 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ALAN TALANSKY 6250 N. ANDREWS AVE, SUITE A235 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED SHEET FOR ADDITIONAL DIRECTORS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janice W Newman **4/18/01** **954.771-7667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
825673

2001 Uniform Business Report (UBR)
Alogis Corporation

Item 12. Additions/Changes to Officers and Directors in Item 11
Continued

#799000005532

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

RICHARD HYMAN

6250 N ANDREWS AVENUE

FORT LAUDERDALE, FL 33309

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

DONALD BRAUN

6250 N ANDREWS AVENUE

FORT LAUDERDALE, FL 33309

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ROGER BLACKWELL

6250 N ANDREWS AVENUE

FORT LAUDERDALE, FL 33309

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ERIC WEISMAN

6250 N ANDREWS AVENUE

FORT LAUDERDALE, FL 33309

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

LEN FASSLER

6250 N ANDREWS AVENUE

FORT LAUDERDALE, FL 33309