

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90048 010 \*\*\*150.00

**DOCUMENT # H38321**

1. Entity Name

74.5 INC.

Principal Place of Business

126 GULFVIEW DR.  
 ISLAMORADA FL 33036  
 US

Mailing Address

126 GULFVIEW DR.  
~~155 W. SUNRISE AVE~~  
 ISLAMORADA FL 33036-4114  
 US

C0042491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

126 Gulfview Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Islamorada, FL 33036-4114

4. FEI Number

59-2482004

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WOLFF, MARK J**  
**115 W. SUNRISE AVE**  
**CORAL GABLES FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)  
 333 University Drive, Suite 109

City Coral Gables

FL

Zip Code 33134

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WOLFF, MARK J 115 W. SUNRISE AVE CORAL GABLES FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 University Drive, Suite 109 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOLFF, MARK J. 115 W. SUNRISE AVENUE CORAL GABLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 University Drive, Suite 109 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00 (305) 223-2370

Date

Daytime Phone #

CR2E034 (9/99)