

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90094 041 ***150.00

0064780 AV

DOCUMENT # J01596

1. Entity Name
8368 CORPORATION

Principal Place of Business
7135 N.W. 74TH STREET
MIAMI FL 33166

Mailing Address
7135 N.W. 74TH STREET
MIAMI FL 33166

2. Principal Place of Business
2020 King Air Court

3. Mailing Address
2020 King Air Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach FL 32128

City & State

Daytona Beach FL 32128

Zip

Country

Zip

Country

32128

Volusia

32128

Volusia

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSTEN, PETER T.
7135 N.W. 74TH STREET
MIAMI FL 33166

Name
Same

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

2020 King Air Court

Daytona Beach

City

FL

Zip Code

32128

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

Peter T. Austen

01-16-2002

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, 2002 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

TITLE **D** ☐ Delete
NAME **MIGONE, HARRY B.**
STREET ADDRESS **7135 N.W. 74TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **AUSTEN, PETER T.**
STREET ADDRESS **7135 N.W. 74TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **AUSTEN, PETER T.**
STREET ADDRESS **2020 King Air Court**
CITY-ST-ZIP **Daytona Beach, FL 32128**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Peter T. Austen

Peter T. Austen, Pres

01-16-02

386-761-1882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)