

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J97906**

1. Entity Name

FLORIDA ECONOMETRIX, INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90025 030 ***150.00

Principal Place of Business

9603 S.W. 69TH PLACE
MIAMI FL 33156

Mailing Address

9603 S.W. 69TH PLACE
MIAMI FL 33156

2. Principal Place of Business

201 Alhambra Circle

3. Mailing Address

201 Alhambra Circle

Suite, Apt. #, etc.

Suite 601

Suite, Apt. #, etc.

Suite 601

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0018436

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

LESTER, PAUL A.
200 SOUTH BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33131

Name

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

201 Alhambra Circle**Suite 601**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **DVP**
STREET ADDRESS **FIELDSTONE, RONALD**
CITY-ST-ZIP **200 S BISCAYNE BLVD #2100**
MIAMI FL☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **201 Alhambra Circle, Suite 601**
CITY-ST-ZIP **Coral Gables, FL 33134**TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **LESTER, PAUL A.**
CITY-ST-ZIP **9603 S.W. 69TH PLACE**
MIAMI FL☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **201 Alhambra Circle, Suite 601**
CITY-ST-ZIP **Coral Gables, FL 33134**TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SHEAR, DAVID**
CITY-ST-ZIP **200 S BISCAYNE BLVD #2100**
MIAMI FL 33133☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **201 Alhambra Circle, Suite 601**
CITY-ST-ZIP **Coral Gables, FL 33134**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul A. Lester

Date

1/11/01Daytime Phone # **305-357-1001**

CR2E034 (10/00)