## 2000 UNIFORM BUSINESS REPORT (UBR)

2000	O UNIFORM BUS	siness repo	RT (UB	FILED
1. Entity Nan	MENT # <b>J988(</b> ne . D'ESPIES, P.A.	)1	- Marian	Apr 25, 2000 08:00 AM Secretary of State
Principal Plac % KEVIN J. D 1212 SE 1ST A FT. LAUDERI 33316	VENUE	Mailing Address C/O KEVIN J. D'ESPIES 1212 SE 1ST AVENUE FT. LAUDERDALE 33316	FL US	
2. Principal F	Place of Business	3. Mailing Address 1212 SE 1ST AVE		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del> </del>	DO NOT WRITE IN THIS SPACE
City & Stat		City & State	FL	4. FEI Number Applied For Not Applicable
Zip 33316	Country US	Zip 33316	Country US	5. Certificate of Status Desired S8.75 Additional Fee Required
1212 SE 1ST AVENUE  FT. LAUDERDALE 33316 US				PIES KEVIN JESO. Address (P.O. Box Number is Not Acceptable) SE 1ST AVENUE.
8. The above	e named entity submits this statement	for the purpose of changing its		AUDERDALE  or registered agent, or both, in the State of Florida.
	Signature, typed or printed name of registered eger pration is eligible to satisfy its Intangib	le FILE NOW!	!! FEE IS \$150	(%9%800000000000000000000000000000000000
	requirement and elects to do so. ria on back)	After MAY 1, 20 Make Check Payab	\$2.20 C	Trust Fund Contribution Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D 4811 N.E. 27TH TERR LIGHTHOUSE POINT	D DIRECTORS  Delete  FL	12. T.TLE NAME STREET ADDRESS GITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  D Change Addition D'ESPIES KEVIN J  4811 N.E. 27TH TERR LIGHTHOUSE POINT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	T.TLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	T TLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the cor	on this report of supplemental report	is true and accurate and that mo sowered to execute this report a	iv sionature shall.	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if