## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # K18018** F L D ASSOCIATES INC. 04-24-2001 90041 049 \*\*\*150.00 Principal Place of Business Mailing Address % VINCENT A. DEGENNARO % VINCENT A. DEGENNARO 1960 NE 47TH ST 1960 NE 47TH ST FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0040118 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEGENNARO, VINCENT A. Street Address (P.O. Box Number is Not Acceptable) 1960 NE 47TH ST FT LAUDERDALE FL 33308 City Zip Code F۱ 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Change ☐ Addition CR2E034 (10/00 TITLE DEGENNARO, VINCENT A. AMAN. NAME STREET ADDRESS 1960 NE 47TH ST, SUITE 106 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Delete TITLE TITI F ☐ Channe ☐ Addition LESCHER, THOMAS J. NAME NAME STREET ADDRESS 1960 NE 47 STREET #106 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME JOYNER, WILLIAM NAME STREET ADDRESS 1960 NE 47TH STREET #200 STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LICHTINGER, MOISES NAME NAME STREET ADDRESS 1960 NE 47TH STREET #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: