## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation of the receiver of musice empowers to on an attachment with an address, with all other like empowers.

**SIGNATURE:** 

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **K27473** TESAURUS HOLDINGS, INC. 02-14-2000 90176 041 \*\*\*158.75 Principal Place of Business Mailing Address 240 CRANDON BOULEVARD 240 CRANDON BOULEVARD SUITE 地 ンバー SUITE D レル A0021610 KEY BISCAYNE FL 33149-1543 KEY BISCAYNE FL 33149 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Applied For City & State City & State 4. FEI Number 65-0057940 Not A Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIENE, H. J Street Address (P.O. Box Number is Not Acceptable) 240 CRANDON BLVD. SUITE 202 **KEY BISCAYNE FL 33149** Zip Code 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. DATE (NOTE, Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPT ☐ Delete TITLE TITLE SCHARENBERG, FRITZ NAME NAME STREET ADDRESS STREET ADDRESS 101 CRANDON BLVD STE 175 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** EXECUTIVE VICE PRESIDENTE Change TITLE ☐ Delete TITLE HERMAN J KIENE NAME NAME STREET ADDRESS 240 CRANDON BLVD #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY\_BISCAYNE FL 33149 DICE PRESIDENT --- Change - Addition Delete TITLE TITLE ELLEN BLASI 240 CEANDON BLUD \* 217 KEY BISCATUE, FLA 33149 NAME NAME a STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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