2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K29207 1. Entity Name

BAKER, DURKEE & LAING, INC.

Principal Place of Business

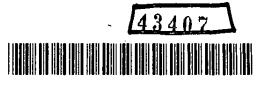
Mailing Address

1815 NW 7TH ST MIAMI FL 33125

1815 NW 7TH ST

MIAM! FL 33125

Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0058594		Applied For	
							Not Applicable
Zip	Country	Zip	Cour	ıtry	5. Certificate of Status Desired		75 Additional Required
6. Name and Address of Current Registered Agent			[7. Name and Address of New Registered Agent			
LAING, GERALD W 1815 NW-7.ST S. MIAMI FL-33125			Name Street Address (P.O. Box Number is Not Acceptable)				
			رمين مسين مسين المستون				
				City		FL Z	Zip Code

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 **\$5.00** May Be 10. Election Campaign Financing 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

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.

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME DURKEE, MARK STREET ADDRESS 1815 NW 7TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME LAING, GERALD W NAME STREET ADDRESS 1815 NW 7TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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 the 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 employered 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 attaching his viril an address, with all other like empowered.

SIGNATURE:

MANK Dunkee ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)