## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # K41338** Feb 15, 2000 8:00 am **Secretary of State** RUSSELL S. ADLER, P.A. 02-15-2000 90028 046 \*\*\*150.00 Principal Place of Business Mailing Address 750 SE 3RD AVE. 750 SE 3RD AVENUE STE 200 STE 200 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316-1153 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADLER, RUSSELL S. Street Address (P.O. Box Number is Not Acceptable) 750 SE 3RD AVE **STE 200** FORT LAUDERDALE FL 33316 Zip Code FL 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) 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 12. 11. ☐ Addition ☐ Delete Change TITLE NAME ADLER, RUSSELL STREET ADDRESS STREET ADDRESS 750 SE 3RD AVE SE 200 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE - Change Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 每个独落一样的表示。 NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1 (56) by forther on the

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

(954) 768-9060

Daytime Phone #