2000 UNIFORM RUSINESS REPORT (UBR)

1. Entity Name	MENT # K601			. (0		May Sec	FIL 709, 20 cretary	000 8:0 of Sta	0 am
Principal Place 7700 NORTH K 701 DADELAND MIAMI FL 33156 US	ENDALL DRIVE SQUARE	7700 NORTH K 701 DADELAND	Mailing Address 7700 NORTH KENDALL DRIVE 701 DADELAND SOUARE MIAMI FL 33156-7564 US				09-2000 9000! 		00 :
2. Principal Pl	ace of Business		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	9	City & State	City & State			El Number 65	5-0096779		plied For t Applicable
Zip	ip Country		Zip Country		5. C	Certificate of Statu	s Desired	\$8.75 Add Fee Required	
	6. Name and Address of C	urrent Registered Agen	ıt		7. N	ame and Addres	s of New Registe	red Agent	
RICHARD, ANDREW L. JR. 7700 NORTH KENDALL DRIVE 701 DADELAND SQUARE				Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)				
				- Suddi Fide					
MIAN	/II FL 33156		City					FL Zip Code	· _
SIGNATURE	named entity submits this state						_	ATE	
Signature, typed or printed name of registered agent and title if app 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Str			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICER	RS AND DIRECTORS	1	12.	AD	DITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARD, ANDREW L. JR 7700 NORTH KENDALL D MIAMI FL		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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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

STREET ADDRESS

CITY-ST-ZIP

GNING OFFICER OF PROPERTY L.

(305)596-7911