2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of B TWO ALHAMBRA PL CORAL GABLES FL 2. Principal Place of \$555-Altanabrac Coral Gables, i City & State Zip	AZA. PENTHOUSE II 33134 of Business Circle, Suite 900	Mailing Address TWO ALHAMBRA PLAZA CORAL GABLES FL 3313 3. Mailing Address. 3556 Alhamber Circl Coral Gables, Floric	34			OI APR 27 F SECRETARY (TAUL AHASSEE	OF STATE		
TWO ALHAMBRA PL CORAL GABLES FL 2. Principal Place of 3559Alhambrac Coral Gables, I City & State Zip	AZA. PENTHOUSE II 33134 of Business Circle, Suite 900 Florida 33134	TWO ALHAMBRA PLAZA CORAL GABLES FL 331: 3. Mailing Address	34			TÄLLAHASSEE	DF STATE FLORIDA	:	
TWO ALHAMBRA PL CORAL GABLES FL 2. Principal Place of S55-Alhambrac Coral Gables, I City & State Zip	AZA. PENTHOUSE II 33134 of Business Circle, Suite 900 Florida 33134	TWO ALHAMBRA PLAZA CORAL GABLES FL 331: 3. Mailing Address	34			TÄLLAHASSEE	FLORIDA	:	
TWO ALHAMBRA PL CORAL GABLES FL 2. Principal Place of S58-ARhambrac Coral Gables, I City & State Zip	AZA. PENTHOUSE II 33134 of Business Circle, Suite 900 Florida 33134	TWO ALHAMBRA PLAZA CORAL GABLES FL 331: 3. Mailing Address	34					:	
2. Principal Place of S556Alhanabeac Coral Gables, i City & State	of Business Circle, Suite 900 Florida 33134	3. Mailing Address				 		:	
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Coral Gables, i	Florida 33134	Coral Gables, Flori	a Cuita Of	:	:	4 :			
City & State						DO NOT WRITE IN THIS SPACE			
·	Country	City_& State			4. FEI	4. FEI Number Applied For			
·	Country	Zip Country						lot Applicable	
6.		Zip Cou		ry	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	n. A		İ	Name					
COBB, KOLLEEN O TWO ALHAMBRA PLAZA, PENTHOUSE II CORAL GABLES FL 33134				Street Ad	ddress (P.O. Box I	Number is Not Acceptable)		-	
				35	5 Alhambra Cin	cle, Suite 900			
CORAL GABLES FE 33134			F	Citý	oral Gables, Flo	nda 33134	FL Zip Coo	_ : dė	
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3. The above name	ed entity submits this statement	for the purpose of changing if	ts registered	d office or	registered agent,	or both, in the State of Florida	3 .		
SIGNATURE	•	·		•				<u>. </u>	
Signatu	re, typed or printed name of registered agen	nt and title if applicable. (NC	OTE: Registered	Agent signatu	re required when reinsta	ing)	DATE	:	
•		FILE 1	NOW!!! F	EE IS \$	50.00				
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APPROVES