2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **L52648** 1. Entity Name PAPY, WEISSENBORN, POOLE & VRASPIR, P.A.

FILED May 16, 2001 8:00 am Secretary of State 05-16-2001 90032 048 ***150.00

Principal Place of Business			Mailing Address 3001 PONCE DE LEON								
3001 PONCE DE LEON											
STE 214	0 51 00404		STE 214								
CORAL GABLES FL 33134 US		CORAL GABLES FL 33134 US									
00							a ikia 11314 aiki aika			AI 81111 IA81	
2. Principal P	Place of Busine		3. Mailing Address	. ^							
3001 Pa		LAON BOULLARD		400 ROA	LEVARY)]				.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
SUITE	•		Suite 214								7
City & Stat		5 OR 1	City & State		·' ~ \	4. FEI Number	65-0229210)		oplied For	4
CORAL	sacces,	FLORIDA	CORAL GABLE		U DA					ot Applicable	-
Zip 33,1 ,3	4	Country	Zip 33134	Country U.S	L	5. Certificate of	Status Desired		8.75 Add se Require		
<u>`</u> Ээ′г∺		U ≤. A. and Address of Current F		<u> </u>	<u></u>	7 Name and A	dress of New Re			· 	-
	o, Name	and Address of Current F	registered Agent	Na Na	ame	7. Name and A	diess of New He	gistered Ag	jeni.		1
PAPY, CHARLES C JR											
3001 PONCE DE LEON BOULEVAS			27	Str	reet Address (F	P.O. Box Number i	s Not Acceptable)			
STE 214			جي								-
	214 PAL GABLES	EL 22124									
CON	ME CADLES	FL 33134		Cit	ty		•	FL	Zip Cod	e	1
									<u></u>		1
8. The above	named entity	submits this statement for	the purpose of changing its	registered of	fice or register	ed agent, or both,	in the State of Flor	rida.			
			Ì								
SIGNATURE .											ł
Clara (Clara	Signature, typed o	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agen	t signature required	when reinstating)		DATE			
A This corps	oration is oligib	alo to estiefy its Intangible	FILE NOW	!!! FEE IS \$	150 00			•		_	1
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 			After MAY 1, 20				on Campaign Fina	~ ~~~		May Be	
•	ria on back)		Make Check Payal			te Irust	Fund Contribution	. ப	Added	d to Fees	
11.		OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CH	IANGES TO OFFI	CERS AND D	IRECTOR	S IN 11	1
TITLE	PTD	OT TOLKO TATO D	□ Delete	TITLE					Change	☐ Addition	ĺ
NAME		ARLES C. JR.	□ Delete	NAME				•			Š
STREET ADDRESS		CE DE LEON BLVD SUI	TF 214	STREET ADD	DRESS						4
CITY-ST-ZIP	CORAL GA			CITY-ST-ZI	P						F034 (10/00)
TITLE	VSD	DLLOTL	Delete	TITLE					Change	☐ Addition	180
NAME	1	ORN, SHERIDAN K.	□ Delete	NAME				•			10
STREET ADDRESS		CE DE LEON BLVD SUI	ITE 214	STREET ADD	RESS						ł
CITY-ST-ZIP	CORAL GA		116 217	CITY-ST-Z							
TITLE	OUIAL OF	IDLLO I L	☐ Delete	TITLE					Change	Addition	1
NAME			□ Delete	NAME				•			
STREET ADDRESS										l	Ì
				STREET ADD	RESS						1
CITY-ST-ZIP				STREET ADD						ĺ	
CITY-ST-ZIP			☐ Delete	CITY-ST-ZI				F		Addition	-
CITY-ST-ZIP TITLE			☐ Defete				<u></u>	[Change	Addition	_
CITY-ST-ZIP TITLE NAME			☐ Delete	CITY-ST-ZII	P		·	ſ	☐ Change	Addition	-
CITY-ST-ZIP TITLE			☐ Delete	CITY-ST-ZII TITLE NAME	P			[Change	☐ Addition	_
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			!	TITLE NAME STREET ADD CITY-ST-ZI	P						1
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			Delete	CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII	P		- · · ·		☐ Change	Addition	_
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			!	TITLE NAME STREET ADD CITY-ST-ZI	P MRESS P						4
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			!	CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII TITLE NAME	P WRESS P WRESS						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII	P WRESS P WRESS			Į.	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			!	CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII TITLE	P WRESS P WRESS			Į.			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII	P PRESS P			Į.	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME			Delete	CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII TITLE NAME	P PRESS P PRESS			Į.	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the	information supplied with t	☐ Delete	CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII TITLE	P P P P P P P P P P P P P P P P P P P	ction 119 07(3)(i)	Florida Statutas I	[☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby of indicated.	on this report	or supplemental report is t	Delete Delete This filing does not qualify for true and accurate and that in	CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII T the exemption Try signature is	P P P P P P P P P P P P P P P P P P P	same legal effect a	s if made under o	further certify	Change Change	Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby condicated of the corr	on this report poration or the	or supplemental report is to receiver or trustee empore	Delete Delete	CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII T the exemptic as required b	P P P P P P P P P P P P P P P P P P P	same legal effect a	s if made under o	further certify	Change Change	Addition Addition	

SIGNATURE: .

ED NAMES OF SIGNING OFFICER OR DIRECTOR

04.81 2001

4465100