2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L52965**

1. Entity Name

FILED Feb 05, 2000 8:00 am Secretary of State

Commonweight Comm	
A Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A FEI Number 65-0176258 Street Address of Status Desired Rarrie LEHRMAN, JEFFREY E. 2699 S. BAYSHORE DRIVE, SUITE 300D MIAMI FL 33133 City City FL Street Address (P.O. Box Number is Not Acceptable) City FL Signature required agent, or both, in the State of Florida. SIGNATURE Signature required agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. Certificate of Status Desired PROPRIET Address (P.O. Box Number is Not Acceptable) City FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Certificate of Status Desired PROPRIET Address (P.O. Box Number is Not Acceptable) City FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Certificate of Status Desired A FEI Number 65-0176258 Security & State Propriet Agent Address of New Registered Agent Agent Security Address (P.O. Box Number is Not Acceptable) City FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Signature and Address of Current Registered Agent Name LEHRMAN, JEFFREY E. 2699 S. BAYSHORE DRIVE, SUITE 300D MIAMI FL 33133 City FL Signature typed or primerfame of registered agent and stell applicable. SIGNATURE Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent and stell applicable. Signature typed or primerfame of registered agent signature regulated when remided when remided typed	
City & State City & State City & State City & State Country Zip Country 5. Certificate of Status Desired Fee if Fe	E
Zip Country Zip Country 5. Certificate of Status Desired Agent Namie LEHRMAN, JEFFREY E. 2699 S. BAYSHORE DRIVE, SUITE 300D MIAMI FL 33133 City FL Z 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 primer fame of registered agent and title if applicable. [NOTE: Registered Agent signature required when retirecteding) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. [See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. AMME	_
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR