## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 27, 2001 8:00 am **DOCUMENT # L74035** Secretary of State CTI OF NEW JERSEY, INC. 03-27-2001 90010 037 \*\*\*150.00 Principal Place of Business Mailing Address 4491 S. STATE RD 7 4491 \$ STATE RD 7 **STE 200 STE 200** FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 US Mailing Address 4491 S.St. Rd. Seven 2. Principal Place of Business <u>4491 S.St. Ra</u>dd Seven Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0306032 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Requireds--7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOISVERT, LOUIS W III 4491 SOUTH STATE ROAD SEVEN **STE 200** FT. LAUDERDALE FL 33314 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD ☐ Delete TITLE Barry Stark 4491 5.5+. Rd. 7, #208 STARK, BARRY STREET ADDRESS 4491 SO STATE RD 7, STE 200 STREET ADDRESS FT. LAUDERDALE FL 33314 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 flue 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 employered 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 empoyered. Barry Stark 03-23-2001