

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90032 017 ***150.00

DOCUMENT # L92231
1. Entity Name
1175 OFFICE BUILDING CORPORATION

Principal Place of Business
1175 NE 125 ST. SUITE 102
NORTH MIAMI FL 33161

Mailing Address
1175 NE 125 ST. SUITE 102
NORTH MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0209553		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TATE, STANLEY G. 1175 NE 125TH STREET SUITE 102 N. MIAMI FL 33161				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P TATE, STANLEY G. 1175 NE 125 ST STE. 102 NORTH MIAMI FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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.

SIGNATURE: _____ **SIGNATURE REQUIRED** **4/2/02** **(305) 891-1106**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)