2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2000	UNIFO	LIM DOS	MESS NEFT	,,,,,	(UBH	i j		KONED -		
	MENT#	L9400	0000684					ND LED		
1. Entity Name SCHMIDT, RAINES, TRIESTE, DICKENSON & ADAMS, P.L							00 APR 18 AM 9: 59			
					··		SECRETAR	Y OF STA	ATE	
Principal Place of Business 399 N.W. BOCA RATON BLVD. BOCA RATON FL 33432 BOCA RATON FL 33432-37							FALLAHASS		·· 	s (Biti Bibl (Bb)
Deimain al D	Dage of Qualcage		2 Mailing Address							
z. Principal P	Place of Business	·	3. Mailing Address	·						
Suite, Apt. #, etc. Suite, Apt. #, etc.						Myn	√ DO NOT V	WRITE IN THIS	S SPACE	
City & State City & State							Number 65-0541 (073	⊢	pplied For ot Applicable
Zíp Country			Zip Coun		ry	5. Certificate of Status Desired S5.00 Addition Fee Required				
	6. Name and	Address of Current	Registered Agent			7. Nam	e and Address of Ne	w Registered		
40446 4	MALTED E NI				Name					
	Nalter F III Boca raton b	BLVD.			Street Address ((P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33432										
					O14				■ Zip Cod	
					City				╚╤╻┿╻┉┈╻┈╻	·~
8. The above	named entity subr	mits this statement for	the purpose of changing it	s registered	•	egistered agent,	or both, in the State of	/d/31//d0	3659 -01153	2
					d office or r		or both, in the State o	′03″00 **50.00	3659 -01153) *****	·~
		mits this statement for	nd title if applicable. (NO	TE: Registered	d office or r	e required when reinstat	or both, in the State o	/d/31//d0	3659 -01153) *****	2
			nd title if applicable. (NO	TE: Registered	d office of r	e required when reinstat	or both, in the State o	′03″00 **50.00	3659 -01153) *****	2
8. The above	Signature, typed or printe		nd title if applicable. (NO FILE N Make Check P	TE: Registered	Agent signature EE IS \$5	e required when reinstate 60.00 nent of State	or both, in the State o	′03″00 **50.00	3659 -01153) *****	011 50.00
SIGNATURE . 9. TITLE LAME STREET ADDRESS	Signature, typed or printe MGRM RAINES, DENS	MANAGING MEMBE EL L A RATON BLVD.	nd title if applicable. (NO FILE N Make Check P	IOW!!! F. ayable to	Agent signature FEE IS \$5 Departm	e required when reinstate 60.00 ment of State MGRM ADAMS, WA 399 WW 7	ADDITION	03/00 **50.00 DATE	3659 -01153) *****	2
9. TITLE TAME STREET ADDRESS STY-ST-ZIP TITLE VAME STREET ADDRESS	MGRM RAINES, DENS 399 N.W. BOC/ BOCA RATON MGRM TRIESTE, J. AL 399 N.W. BOC/	MANAGING MEMBE EL L A RATON BLVD. FL 33432 EXANDER A RATON BLVD.	Make Check P RS/MEMBERS Delete	IOW!!! F ayable to 10. TITLE NAME STREE NAME STREE	Agent signature EE IS \$5 Departm T ADDRESS	e required when reinstate 10.00 ment of State 11.00 12.00 13	ADDITION ADDITION ACTER F. III BOCA RATON ATON FL 33 CLOTT T. BOCARATON E	MS/CHANGE BUD 8432	3659 -01153) *****	011 50.00
SIGNATURE .	MGRM RAINES, DENS 399 N.W. BOCA BOCA RATON MGRM TRIESTE, J. AL 399 N.W. BOCA BOCA RATON MGRM DICKENSON, P	MANAGING MEMBEEL LA RATON BLVD. FL 33432 EXANDER A RATON BLVD. FL 33432 PAUL F A RATON BLVD.	Make Check P RS/MEMBERS Delete	IOW!!! F. ayable to 10. TITLE MAME STREET CITY-1 TITLE HAME STREET CITY-1 TITLE HAME STREET CITY-1 TITLE HAME STREET CITY-1	Agent signature EE IS \$5 Departm T ADDRESS ST-ZIP	e required when reinstate 10.00 ment of State 11.00 12.00 13	ADDITION FL 33	MS/CHANGE BUD 8432	5659 -01153-) ***** S	011 50.00
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