

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98180**

1. Entity Name

**AUCKLAND INVESTMENTS, INC.**

FILED

02 MAY 28 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**701 BRICKELL AVENUE SUITE 850  
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVENUE SUITE 850  
MIAMI FL 33131**

2. Principal Place of Business

**801 Brickell Avenue**

3. Mailing Address

**801 Brickell Avenue**

Suite, Apt. #, etc.

**16th Floor**

Suite, Apt. #, etc.

**16th Floor**

City & State

**Miami, FL.**

City & State

**Miami, FL.**

**33131**

**USA**

**33131**

**USA**

4. FEI Number

**65-0217203**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, JOHN S.**

**701 BRICKELL AVENUE SUITE 850  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**JCT CORPORATION**

Street Address (P.O. Box Number is Not Acceptable)

**89203 SOUTH PINE ISLAND ROAD**

**16th Floor**

City

**PLANTATION**

**FL**

Zip Code

**33323**

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.

**James A. Bordonaro**

(Signature required when reinstating)

**4/16/02**

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$10.00**

**After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDPS SULLIVAN, JOHN S 701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDPS JOHN S. SULLIVAN 801 BRICKELL AVENUE 16th FLOOR MIAMI, FL. 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500005764555-3</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-06/13/02--01013--001</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>****750.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN S. SULLIVAN III.**

**3/21/02**

Date

**(305) 381-8340**

Daytime Phone #

CR2E034 (9/01)