FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # M06869** 1. Entity Name LB POWELL & ASSOCIATES, INC. 04-11-2001 90133 043 \*\*\*150.00 Principal Place of Business Mailing Address 5062 HIATUS RD 5062 HIATUS RD SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address 11110 w. Oaklard Park Blvd 11110 W. Oakland Park Bluc Suite, Apt. #, etc. # 296 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 306 City & State City & State 4. FEI Number Applied For 59-2458102 Sunrise Bunrise Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33351 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Anthony-CATALDI, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 10671 NW 47TH COURT CORAL SPRINGS FL 33076 5380 N. Ocean Drive 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 filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Ù Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Dδ DΡ CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition CATALIDI, ANTHONY 5380 N. Ocean Drive #DIE CATALDI, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 10671 NW 47TH CT CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-7IP Singer Island FL 33404 Change ☐ Addition TITLE ☐ Delete TITLE CATALDI, ANTHONY, JR. NAME NAME 13121 NW 11TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SUNRISE FL ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Anthony Cataldi Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR