2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

STE. 201

11120 N. KENDALL DR.

DOCUMENT # M39192

1. Entity Name

STE. 201

! Principal Place of Business 11120 N. KENDALL DR.

SIGNATURE:

TWIN OAKS ASSOCIATES, INC.

MIAMI FL 33176 2. Principal Place of Business			3. Mailing Address				. (63184 11) 34		a (18 818)) 818((1) 6 (0) 0 (0)	£11 9 184 (8 4)
						\dashv					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS S	PACE	
City & State	е		City & State			4. F	4. FEI Number 59-2806721				oplied For ot Applicable
Zip Country Zip			Zip	Country		5. (Certificate of S	tatus Desired		\$8.75 Ad	ditional
	6. Name	and Address of Current I	Registered Agent			7. N	Name and Ad	dress of New F	Registered A	gent	
-					Name						
RACHLIN ROBERT P 11120 N. KENDALL DR.					Street Address (P.O. Box Number is Not Acceptable)						
	. 201 MI FL 3317		City					FL	Zip Coo	de	
8. The above	named entit	y submits this statement for	r the purpose of changing	its registere	ed office or regis	tered ag	ent, or both, in	the State of FI	orida.	<u> </u>	
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if applicable. (N	OTE: Registered	1 Agent signature requi	ired when re	einstating)		DATE		
Tax filing r	-	ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta					n Campaign Fi und Contributio	· -		00 May Be d to Fees
11. OFFICERS AND DIRECTORS 12.						AD	DITIONS/CH	ANGES TO OF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	RACHLIN, ROBERT P 11120 N. KENDALL DR.		☐ Delete		ET ADDRESS					Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Collete Till NA			TITLE NAME STREE	l					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Delete				- "			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 01, 2000 8:00 am Secretary of State 05-01-2000 90490 017 ***150.00