

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90103 012 \*\*\*150.00

**DOCUMENT # M42812**

1. Entity Name  
**TAFT OFFICE COMPLEX, INC.**

Principal Place of Business 6365 TAFT ST. 1001 HOLLYWOOD FL 33024	Mailing Address 6365 TAFT ST. 1001 HOLLYWOOD FL 33024
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6051 N. Ocean Drive	3. Mailing Address 6051 N. Ocean Drive
---	---

Suite, Apt. #, etc. Apt. 1105	Suite, Apt. #, etc. Apt. 1105
----------------------------------	----------------------------------

City & State Hollywood, FL	City & State Hollywood, FL
-------------------------------	-------------------------------

4. FEI Number 59-2743759	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

Zip 33019	Country USA	Zip 33019	Country USA
--------------	----------------	--------------	----------------

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

GABLE, MICHAEL P  
 4000 HOLLYWOOD BLVD  
 SUITE 735 SOUTH  
 HOLLYWOOD FL 33021

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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 *Michael P. Gable* **MICHAEL P. GABLE** 4/22/01  
Signature, typed or printed name of registered agent and title if applicable. (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.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, ALBERTO E. 6365 TAFT ST. #1001 HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition: 6051 N. Ocean Drive, Apt. 1105 Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERNANDEZ, ALBERTO JR. 10061 NW 1ST CT PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, BLANCA R. 6365 TAFT ST. #1001 HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition: 6051 N. Ocean Drive, Apt. 1105 Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FERNANDEZ, NELSON 10061 NW 1ST CT PLANTATION FL 33324 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Alberto E. Fernandez* **Alberto E. Fernandez** 4/26/01 954-927-1107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)