

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO7657**
 1. Entity Name
 named at the California Club
 condominium "11e" AS

FILED

01 APR 24 AM 9:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 C/O DCI C/O DCI
 2035 Harding St suite 200 2035 Harding St.
 Hollywood, FL 33020 suite: 200
 U.S. Hollywood, FL
 33020 U.S.

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

REINSTATEMENT

99-01

4. FEI Number Applied For
 59-2564859 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Andrew meyrowitz
 C/O DCI
 2035 Harding St. suite 200
 Hollywood, FL 33020

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 *[Signature]* DATE 3/7/01 LS

FILE NOW: FEE IS \$61.25
 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	Teresa Newman
STREET ADDRESS	935 NE 199th St, Apt. 207
CITY-ST-ZIP	N. Miami, FL 33179
TITLE	VPD <input type="checkbox"/> Delete
NAME	Ernest chinye
STREET ADDRESS	935 NE 199th St Apt. 206
CITY-ST-ZIP	N. Miami, FL 33179
TITLE	STD <input type="checkbox"/> Delete
NAME	Tracy Hiddo
STREET ADDRESS	935 NE 199th St. Apt 102
CITY-ST-ZIP	N. Miami, FL 33179
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100004193521--3
CITY-ST-ZIP	-05/11/01--01001--023 ****358.75 ****358.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* 3/6/01

CR2E037 (9/99)