

**2000 UNIFORM BUSINESS REPORT (UBR)**

3,

**DOCUMENT # N11638**

1. Entity Name

**ASSOCIATION OF PUBLIC CORPORATIONS, INC.**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90054 011 \*\*\*\*61.25

Principal Place of Business 1320 SOUTH DIXIE HWY SUITE #41 CORAL GABLES FL 33146		Mailing Address C/O LESLIE J. CROLAND 200 S. BISCAYNE BLVD. MIAMI FL 33131-2310 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>59-2645179</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CROLAND, LESLIE J STEEL HECTOR &amp; DAVIS LLP 200 S. BISCAYNE BLVD. MIAMI FL 33131</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PEKOR, ALLEN</b>			NAME	<b>Hector S. Mojena</b>		
STREET ADDRESS	<b>C/O 700 NW 107TH AVE</b>			STREET ADDRESS	<b>2 South Biscayne Blvd., 28th Fl</b>		
CITY-ST-ZIP	<b>MIAMI FL 33172</b>			CITY-ST-ZIP	<b>Miami, Florida 33131</b>		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HONIG, BURTON A.</b>			NAME			
STREET ADDRESS	<b>5980 MIAMI LAKES DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>			CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CROLAND, LESLIE J.</b>			NAME			
STREET ADDRESS	<b>701 BRICKELL AVE. #2000</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33131</b>			CITY-ST-ZIP			
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CONNOR, JOHN F.</b>			NAME			
STREET ADDRESS	<b>2 S. BISCAYNE BLVD #2800</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33131</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #