

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002734

1. Entity Name

BUSINESS, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90042 026 ****61.25

Principal Place of Business

Mailing Address

US

2. Principal Place of Business

9999 N.E. 2nd Ave.

3. Mailing Address

P.O. Box 562316

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

Miami Shores, FL

City & State

Miami, FL

4. FEI Number

59-0867423

Applied For

Not Applicable

Zip

33138

Country

US

Zip

33256

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIA T BATALLA, CPA
14411 COMMERCE WAY #310
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

W. J. Callahan, CPA, ~~RE~~

Street Address (P.O. Box Number is Not Acceptable)

9999 N.E. 2nd Avenue #200

City

Miami Shores

FL

Zip Code

33138

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

W J Callahan

W.J. CALLAHAN, CPA
9999 NE 2nd Ave, Suite #200
Miami, Florida 33138-2344

1/8/2000

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE D ☒ Delete
NAME JONES, SUSAN
STREET ADDRESS P O BOX 562316 N/A
CITY-ST-ZIP MIAMI FL 33256

TITLE PD ☒ Delete
NAME PAWLIGER, MIKE
STREET ADDRESS 6838 N.W. 77 CT
CITY-ST-ZIP MIAMI FL

TITLE VPD ☒ Delete
NAME WALKER, JOE
STREET ADDRESS 1301 NW 27TH AVE
CITY-ST-ZIP MIAMI FL 33125

TITLE STD ☐ Delete
NAME WILLIAMS, FRANK
STREET ADDRESS 12651 S DIXIE HWY, STE. 102
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ Delete
NAME GALLAHER, BOB
STREET ADDRESS 7400 SW S TERR
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Gallaher, Bob
STREET ADDRESS 7400 SW S Terr
CITY-ST-ZIP MIAMI, FL 33165

TITLE UPD ☒ Change ☒ Addition
NAME DAVID SACKS
STREET ADDRESS 1 BISCAYNE Tower, Suite 2400
CITY-ST-ZIP MIAMI, FL 33131

TITLE STD ☒ Change ☐ Addition
NAME FRANK WILLIAMS
STREET ADDRESS 12651 S. DIXIE HWY, STE. 102
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Susan Jones

1/7/00 305 669 2535