

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

0116151

**DOCUMENT # P00000002615**

1. Entity Name

**FOUNTAINHEAD INVESTMENTS, INC.**

05-16-2001 90031 007 \*\*\*150.00

Principal Place of Business

258 NW 1ST AVENUE  
 FLORIDA CITY FL

Mailing Address

258 NW 1ST AVENUE  
 FLORIDA CITY FL

2. Principal Place of Business

**2701 SOUTH BAYSHORE DRIVE**

3. Mailing Address

**2701 SOUTH BAYSHORE DRIVE**

Suite, Apt. #, etc.

**SUITE 610**

Suite, Apt. #, etc.

**SUITE 610**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33133-5360**

Country

**USA**

Zip

**33133-5360**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0971869**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SACHER, CHARLES P  
 2655 LEJEUNE ROAD  
 STE. 1101  
 CORAL GABLES FL**

7. Name and Address of New Registered Agent

Name **JEFFREY B. RABIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2701 SOUTH BAYSHORE DRIVE**  
**SUITE 610**  
 City **MIAMI** **FL** Zip Code **33133-5360**

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]*

**JEFFREY B RABIN**

**5/1/01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SACHER, CHARLES P 2655 LEJEUNE ROAD STE. 1101 CORAL GABLES FL 33134</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JEFFREY B. RABIN 2701 SOUTH BAYSHORE DRIVE - 610 MIAMI, FL 33133-5360</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

*[Signature]*

**JEFFREY B RABIN**

**5/1/01**

**(305) 859-9119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)