

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90612 001 \*\*\*600.00

40803

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> 70000001050 <b>1. Entity Name</b> AMERICA OF Florida, INC.			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
<b>2. Principal Place of Business</b> 3290 SW 50th Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4613 N. University Dr. Suite, Apt. #, etc. PMB 275	
<b>City &amp; State</b> Ft. Lauderdale, FL		<b>City &amp; State</b> Coral Springs, FL	
<b>Zip</b> 33314	<b>Country</b> Broward	<b>Zip</b> 33067	<b>Country</b> Broward
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip		Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip	
Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip		Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip	
Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip		Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip	
<b>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.</b> SIGNATURE: <i>David E. Graham</i> DATE: 4-21-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> President - Director	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DAVID E. GRAHAM 3290 SW. 50th Ave Ft. Lauderdale FL 33314			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <i>David E. Graham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/21/01 (954) 227-3061 <small>Date Daytime Phone #</small>	

CR2E034 (11/00)