

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90016 018 ***150.00

DOCUMENT # P000000 14857
1. Entity Name OUTLOOK MAGAZINE INC ✓

Principal Place of Business Mailing Address
2410 WILTON DR 5440 N. OCEAN DR
FT. LAUDERDALE FL SUITE 1506
33305 SINGER ISLAND FL 33404

2. Principal Place of Business 3. Mailing Address
2410 WILTON DR 5440 N. OCEAN DR
Suite, Apt. #, etc. Suite, Apt. #, etc.
1506

City & State City & State
FT LAUDERDALE FL SINGER ISLAND FL
Zip Country Zip Country
33305 USA 33404 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0980490 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SPIEGEL & UTRERA PA .Name FRED H LAMBROU
343 ALMERA AVENUE Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134 5440 N. OCEAN DR. #1506
City SINGER ISLAND FL Zip Code 33404

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 Fred H Lambrou CHAIRMAN FRED H. LAMBROU 3-2-01
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. ☐ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PSTD</u> <input type="checkbox"/> Delete <u>ANTHONY C LAMBROU</u> <u>2410 WILTON DRIVE</u> <u>FT LAUDERDALE FL 33305</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CHAIRMAN</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>FRED H LAMBROU</u> <u>5440 N. OCEAN DR. APT 1506</u> <u>SINGER ISLAND FL 33404</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Fred H Lambrou FRED H LAMBROU 3-2-01 561-845-0765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)