## 2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # POOO ASSOCIATES REALTY, I			Secretary of State 03-06-2001 90301 012 ***150.00	n	
Principal Place of Business CENTURION TOWERS - SUITE 1200 1601 FORUM PLACE WEST PALM BEACH FL 33401		Mailing Address CENTURION TOWER: 1601 FORUM PLACE WEST PALM BEACH	ii.			
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 Applied For Not Applied For Not Applicable	ie	
Zip	Country	*Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	1	
	6. Name and Address of C	Current Registered Agent		7. Name and Address of New Registered Agent	$\exists$	
ROSENWATER, BRUCE S CENTURION TOWERS - SUITE 1200			Name Street	e at Address (P.O. Box Number is Not Acceptable)		
1601	FORUM PLACE T PALM BEACH FL 33401	1200	City	FL Zip Code	<b>-</b>	
Tax filing i	Signature, typed or printed name of registe pration is eligible to satisfy its In requirement and elects to do so ria on back)	tangible FILE I	(NOTE: Registered Agent sign. NOW!!! FEE IS \$150 71, 2001 Fee will be \$ Payable to Departme	\$550.00 Trust Fund Contribution.		
11.	OFFICER	RS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSENWATER, BRUCE S CENTURION TOWERS - S WEST PALM BEACH FL 3	SUITE 1200	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition	n	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	n	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additionss	ก	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change Addition	'n	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition	n	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Additio	n	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3-1-01

(S61)688-0992

Daytime Phone #