## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTSO NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 08, 2002 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P00000021080							Secretary of State 05-08-2002 90125 036 ***150.00			
1. Entity Name 321 Building, INCV							03 00 2002 30123 030 130.00			
		<del>.</del>								
DO NOT WRITE IN THIS SPACE										
•	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.			1401 E. Broward Blvd. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stot	200		200 City & State			-	FEI Number		Applied For	
City & State  Ft. Lauderdale FL			Ft: Lauderdale FL				5-0991511		Not Applicable	
Zip Country 33301 USA		Zip Country 33301 USA			5.	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
		<u>.</u>				7. Na	ame and Address of Current Registe	red Agei	nt	
DO NOT WRITE							ay, David G. P.O. Box Number is Not Acceptable)			
					Street Ac	ddress (P.O. E				
IN THIS SPACE				1401 E.			oward B1vd. #200			
		1			City	. Laude	rdale F	$L_{33}^{Z}$	ip Code 301	
8. The above	named entity submits	his statement for t	he purpose of changing its	egistere	ed office or	registered ag	gent, or both, in the State of Florida.			
SIGNATURE .							4-16	202	(	
OIGI VATOTIE :	Signature peed or printed name	e of registered agent and	/			re required when re	einstating) DATE			
'Tax filing r	oration is eligible to satis requirement and elects to ria on back)	After May Amended	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of Stat			10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
11.		FFICERS AND DI	<u> </u>		-paramoni	0.0.0.0				
TITLE NAME	D Murray, Davi	d G.		TITLE					2/01	
STREET ADDRESS	1401 E. Brow	#200 STREET ADDRESS					•	18		
CITY-ST-ZIP	Fort Lauderd	ale, FL 3	3301	CITY	- ST-ZIP				R2E034B (12/01)	
NAME				NAM					23	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE				TITLE				<del></del>		
NAME STREET ADDRESS				NAMI	E Et address					
CITY-ST-ZIP					-ST-ZIP		DO NOT WR	ITE		
TITLE	"		<del></del>	TÍTLE			IN THIS SPA	CF		
NAME STREET ADDRESS				NAME	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE NAME				TITLE NAME	1		· · · · · · · · · · · · · · · · · · ·		,	
STREET ADDRESS				I.	ET ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE NAME				TITLE	1					
STREET ADDRESS				STREE	ET ADDRESS					
CITY-ST-ZIP	entify that the information	n sunnliad with th	is filing does not qualify for	he ever	ST-Z#P	nd in Section	119.07(3)(i), Florida Statutes. I further of	ortifu the	at the information	
indicated of the cor attachmer	on this report or suppler poration or the receiver nt with an address, with a	mental report is tru or trusted empow all other like empor	ue and accurate and that my vered to execute this report owered.	y signati as requ	ure shall ha uired by Cha	ve the same l apter 607, Flo	legal effect as if made under oath; that rida Statutes; and that my name appe	l am an d ars in Blo	officer or director ock 11 or on an	