

2001 UNIFORM BUSINESS REPORT (UBR)

5/2/01

FILED
May 29, 2001 8:00 am
Secretary of State

05-02-2001 90121 044 ***150.00

DOCUMENT # P00000044404

1. Entity Name

W/L GRIFFIN ROAD, INC.

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE
 SUITE 1002
 MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE
 SUITE 1002
 MIAMI FL 33133

5689

2. Principal Place of Business

3250 MARY STREET
 Suite, Apt. #, etc.
 SUITE 500

3. Mailing Address

3250 MARY STREET
 Suite, Apt. #, etc.
 SUITE 500



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1007502

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHATZ, RICHARD E
 STEARNS WEAVER MILLER WEISSLER, P.A.
 150 WEST FLAGLER STREET, SUITE 2200
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 \$350.00
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	D	<input type="checkbox"/> Delete
NAME	WEISER, SHERWOOD	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE SUITE 1002	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEFTON, DONALD	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE SUITE 1002	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P. ST W. PETER TEMLING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3250 MARY ST. STE 500	
STREET ADDRESS	MIAMI FL 33133	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

W. Peter Temling V.P. 4/27/01

305 445 2493

Date

Daytime Phone #

CR2E034 (10/00)