

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000055625**

1. Entity Name

**WILLOW LAKES INVESTMENTS, INC.****FILED****Feb 28, 2001 8:00 am  
Secretary of State**

02-28-2001 90068 039 \*\*\*150.00

Principal Place of Business

Mailing Address

**2875 N.E. 191ST ST., PH 3A  
AVENTURA FL 33180****2875 N.E. 191ST ST., PH 3A  
AVENTURA FL 33180**

2. Principal Place of Business

**3440 HOLLYWOOD BLVD**

3. Mailing Address

**3440 HOLLYWOOD BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 360****STE 360**

City &amp; State

City &amp; State

**HOLLYWOOD, FL****HOLLYWOOD, FL**

Zip

Country

Zip

Country

**33021****USA****33021****USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROUSSO, MARK E  
2875 N.E. 191ST ST., PH 3A  
AVENTURA FL 33180**

Name

**MARK E. ROUSSO**

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

**3440 HOLLYWOOD BLVD, STE 360**

City

**HOLLYWOOD, FL****FL**

Zip Code

**33021**

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)

**2/20/01**

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 \$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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST HALL, JAMES 2875 N.E. 191ST ST., PH 3A AVENTURA FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD, FL 33021</b>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**James W. Hall** **1-29-01** **305 4660022**

CR2E034 (10/00)