2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059625

1. Entity Name

THE FIFTIES INC.

FILED

02 APR 30 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6800 S.W. 40TH STREET PMB 345 MIAMI FL 33155	6800 S.W. 40TH STREET PMB 345 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11458 Quail Roost Drive	6800 SW 40th St PMB 345
Suite, Apt. #, etc.: Miami	Suite, Apt. #, etc.: Miami
City & State: Miami Florida	City & State: Miami Florida
Zip: 33157 Country: DADE	Zip: 33155 Country: DADE

4. FEI Number: 65-1021064 ☑ 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
PEREZ, HECTOR 11460 QUAIL ROOST DRIVE MIAMI FL 33157	Name Street Address (P.O. Box Number s 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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐ (See criteria on back)

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 D NAME LAMBERT, KINSELL E STREET ADDRESS 6800 S.W. 40TH STREET PMB 345 CITY-ST-ZIP MIAMI FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME PEREZ, HECTOR STREET ADDRESS 6800 S.W. 40TH STREET PMB 345 CITY-ST-ZIP MIAMI FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 900005537889--8 -05/15/02--01058--001 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 5/8
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: _____ DATE 4-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)