

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90374 048 \*\*\*150.00

**DOCUMENT # P00000062217**

1. Entity Name  
**450 HOLDINGS, INC.**

Principal Place of Business <b>7597 FAIRWAY TRAIL          BOCA RATON FL 33487</b>	Mailing Address <b>7597 FAIRWAY TRAIL          BOCA RATON FL 33487</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>175 SE MIZNER BLVD.          Suite, Apt. #, etc.          Suite 19</b>	3. Mailing Address <b>175 SE MIZNER BLVD          Suite, Apt. #, etc.          Suite 19</b>
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City & State <b>BOCA RATON, FL</b>	City & State <b>BOCA RATON, FL</b>	4. FEI Number <b>65-1043120</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33432</b>	Country <b>U.S.A.</b>	Zip <b>33432</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent <b>LAZO, LEONARDO          7597 FAIRWAY TRAIL          BOCA RATON FL 33487</b>	7. Name and Address of New Registered Agent Name <b>FRANK DiVito</b> Street Address (P.O. Box Number is Not Acceptable) <b>175 SE MIZNER BLVD SUITE #19</b> City <b>BOCA RATON</b> FL Zip Code <b>33432</b>
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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 Frank DiVito DATE 4/23/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIVITO, FRANK</b> <b>21538 ST. ANDREWS GRAND CIRCLE</b> <b>BOCA RATON FL 33486</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAZO, MARINES</b> <b>7597 FAIRWAY TRAIL</b> <b>BOCA RATON FL 33487</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Frank DiVito DATE 4/23/01 DAYTIME PHONE # (561) 367-1711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)