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

## FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P0000096548 WHITE PHOENIX, INCORPORATED 02-03-2001 90013 049 \*\*\*150.00 Mailing Address Principal Place of Business 11777 SW 81 ROAD 11777 SW 81 ROAD MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE X Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, ERIC Street Address (P.O. Box Number is Not Acceptable) 11777 SW 81 ROAD **MIAMI FL 33156** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE TITLE JOHNSON, ERIC NAME NAME 11777 SW 81 ROAD STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE JOHNSON, VANCE R NAME NAME 11777 SW 81 ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR