

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90014 046 \*\*\*150.00

B0024455



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P93000020313**

1. Entity Name

033193 FLA, INC.

Principal Place of Business

Mailing Address

7015 BERACASA WAY  
STE 201  
BOCA RATON FL 334337015 BERACASA WAY  
STE 201  
BOCA RATON FL 33433-34532. Principal Place of Business  
6310 Palladium  
Suite, Apt. #, etc.3. Mailing Address  
6315 Palladium  
Suite, Apt. #, etc.City & State  
Boca Raton, FL 33433City & State  
Boca Raton, FL 334334. FEI Number  
65-0406889Applied For  
Not ApplicableZip  
33433 Country  
USAZip  
33433 Country  
USA5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WALSER, THOMAS C  
7015 BERACASA WAY  
STE 204  
BOCA RATON FL 33433

## 7. Name and Address of New Registered Agent

Name  
Leesa Usherooff ParkerStreet Address (P.O. Box Number is Not Acceptable)  
6310 PalladiumCity Boca Raton FL Zip Code  
33433

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, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, LARRY  
7015 BERACASA WAY #201  
BOCA RATON FL 33433 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director/President  
Smith, Larry  
6315 Palladium  
Boca Raton, FL 33433 ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/99)