

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90064 008 ***150.00

DOCUMENT # P93000060389

1. Entity Name
JOHN MURNANE, INC.

Principal Place of Business 4640 N.W. 102ND AVE. APT. 102 MIAMI FL 33178	Mailing Address 4640 N.W. 102ND AVE. APT. 102 MIAMI FL 33178
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Y U R I T U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 800 Cypress Pointe Dr East Suite, Apt. #, etc.	3. Mailing Address 800 Cypress Pointe Dr. East Suite, Apt. #, etc.
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City & State Pembroke Pines, FL	City & State Pembroke Pines, FL	4. FEI Number 65-0434204	Applied For <input type="checkbox"/> Not Applicable
Zip 33027	Country USA	Zip 33027	Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHAKLER, HUGH S.
 1636 SW 148TH TERR
 PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is 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 _____ (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MURNANE, JOHN J JR 4640 NW 102 AVE / STE 102 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete CHAKLER, HUGH S 1636 SW 148TH TERRACE PEMBROKE PINES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROGERS, JOHN 564 ST ANDREWS BLVD NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURNANCE, PATRICIA ANN 5733 DEAUVILLE CIRCLE APT G-304 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURNANCE, JOHN 5733 DEAUVILLE CIRCLE APT G304 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURNANCE, GERALDINE 5733 DEAUVILLE CIRCLE G-304 NAPLES FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 CYPRESS POINTE DRIVE EAST PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5425 COVE CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WALBERT, PATRICIA ANN 4643 NE VASSA NAPLES, FL 34119
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"/> 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: JOHN J. MURNANE **JOHN J. MURNANE** 1/15/01 **305-271-2828**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)