

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064284

1. Entity Name

824 CORP.

Principal Place of Business

950 SE 12 ST
SUITE 4300
HIALEAH FL 33010

Mailing Address

950 SE 12 ST
SUITE 4300
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0463013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANANIA, FRANCIS A ESQ.
950 SE 12 ST
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name ANNE BATCHELOR-ROJOHNS
Street Address (P.O. Box Number is Not Acceptable)
950 SE. 12 ST.
City HIALEAH FL 33010

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

5 APRIL 2001

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	VP	<input type="checkbox"/> Delete
NAME	ROGERS, AMANDA	
STREET ADDRESS	950 SE 12 ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATCHELOR, GEORGE E	
STREET ADDRESS	950 S.E. 12TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROJOHNS, ANNE B	
STREET ADDRESS	950 SE 12 ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRARESI, DANIEL J	
STREET ADDRESS	950 SE 12 ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPCEB	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE E. BATCHELOR	
STREET ADDRESS	950 SE 12 ST	
CITY-ST-ZIP	HIALEAH, FL. 33010	
TITLE	SECRETARY	
NAME	ANNE BATCHELOR-ROJOHNS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	950 SE 12 ST	
CITY-ST-ZIP	HIALEAH, FL. 33010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

5 APRIL 2001

Date

305 889-6203

Daytime Phone #

C0044183



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0089596