2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90105 010 ***150.00

DOCUMENT # P93000072739

1. Entity Name
NEEDLES, INC.

Principal Place of Business	Mailing Address
LAS OLAS CTR	LAS OLAS CTR
450 E LAS OLAS BLVD 900	450 E LAS OLAS BLVD 900
FT. LAUDERDALE FL 33301	FT. LAUDERDALE FL 33301
US	US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0442740 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HORVITZ, DAVID W	Name
LAS OLAS CTR	Street Address (P.O. Box Number is Not Acceptable)
450 E LAS OLAS BLVD 900	
TALLAHASSEE FL 33301	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 _____
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, 2002 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	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HORVITZ, DAVID W	NAME	
STREET ADDRESS	450 E LAS OLAS BLVD 900	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURTON, MELVIN	NAME	
STREET ADDRESS	450 E LAS OLAS BLVD 900	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROTH, LINDA H	NAME	
STREET ADDRESS	450 E. OLAS BLVD. SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	TS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PUCK, ROBERT J	NAME	
STREET ADDRESS	450 E. OLAS BLVD. SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	AS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAKER, VIRGINIA J	NAME	
STREET ADDRESS	450 E. OLAS BLVD. SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRE PRESIDENT OF THE GENERAL PARTNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)