

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90041 028 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000080632			
1. Entity Name AL EHRlich, INC.			
Principal Place of Business 4505 W. ATLANTIC BLVD. # 1611 COCONUT CREEK FL 33066		Mailing Address 4505 W. ATLANTIC BLVD. # 1611 COCONUT CREEK FL 33066	
2. Principal Place of Business 700 UNO LAGO DRIVE		3. Mailing Address 700 UNO LAGO DRIVE	
Suite, Apt. #, etc. #101		Suite, Apt. #, etc. #101	
City & State JUNO BEACH, FL		City & State JUNO BEACH, FL	
Zip 33408	Country PALM BEACH	Zip 33408	Country PALM BEACH
4. FEI Number 65-0450247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EHRlich, AL 4505 W. ATLANTIC BLVD. # 1611 COCONUT CREEK FL 33066		7. Name and Address of New Registered Agent EHRlich, AL 700 UNO LAGO DRIVE #101 JUNO BEACH FL 33408	
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 <u><i>Al Ehrlich</i></u> 1-5-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$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	PSD EHRlich, AL <input type="checkbox"/> Delete 4505 W. ATLANTIC BLVD., # 1611 COCONUT CREEK FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD EHRlich, AL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 UNO LAGO DRIVE #101 JUNO BEACH, FL 33408 ADDRESS CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u><i>Al Ehrlich</i></u> AL EHRlich, PSD		Date <u>1-5-01</u> Daytime Phone # <u>561-776-6277</u>	

CR2E034 (10/00)