## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P93000082881 179 CORPORATION 04-16-2001 90018 038 \*\*\*150.00 Principal Place of Business Mailing Address 2187 ROYAL PALM WAY PO BOX 2771 J 4 J 1 I U PALM BEACH FL 33480 PALM BEACH FL 33480 US 3. Mailing Address Kον Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0453447 Not Applicable Country U.S.A Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAISFIELD, MARC PALM BEACH FL 33480 Ste. 231 Street Address (P.O. Box Number is Not Acceptable) City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE **PVST** ☐ Delete NAME HAISFIELD, MARC 324 Royal Palm Way, Ste. 231 STREET ADDRESS STREET ADDRESS 218 ROYAL PALM WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 TITLE ☐ Delete TITLE Change ☐ Addition NAME HAISFIELD, MICHAEL NAME STREET ADDRESS STREET ADDRESS 435 W MAIN ST CITY-ST-ZIP CITY-ST-ZIP **ASPEN CO 81611** TITLE i <del>Circaro</del> de la constante de ----- Delete NAME HAISFIELD, TRACY NAME 435 W MAIN ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ASPEN CO 81611** TITLE ☐ Delete TITLE Change Addition NAME HAISFIELD, AUDREY NAME STREET ADDRESS 826 BALLARD CANYON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SOLVANG CA 93-4636** TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 of 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 employered 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 addr. ith all other like empowered.

4/9/01 21.655-2829