

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004001

1. Entity Name

THE CURA GROUP III, INC.

Principal Place of Business

5101 N.W. 21ST AVENUE
STE 350
FT. LAUDERDALE FL 33304
US

Mailing Address

5101 N.W. 21ST AVENUE
STE 350
FT. LAUDERDALE FL 33304
US

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 65-0462539

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

WILLARD, ALAN B
5391 NOB HILL RD
SUNRISE FL 33351

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

A. BRUCE WILLARD

4/30/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
WILLARD, ALAN B
5391 NOB HILL RD
SUNRISE FL 33351



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
WILLARD, DANNY
5391 NOB HILL RD
SUNRISE FL 33351



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DOBRIN, IVAN B
5101 NW 21ST AVE -STE 350
FORT LAUDERDALE FL 33309



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/PRESIDENT



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD/SECRETARY



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VICE PRESIDENT



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
RANDY CROOK
5101 NW 21ST AVENUE S-350
FORT LAUDERDALE, FL 33309



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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 my address, with all other like empowered.

SIGNATURE:

A. BRUCE WILLARD, PRESIDENT

4/30/01 954/677-0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00047171



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)