## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Jul 06, 2001 8:00 am DOCUMENT # P94000023162 1. Entity Name **Secretary of State** 07-06-2001 90206 015 \*\*\*158.75 FEDERAL SUPERVISORY SERVICES, INC. Principal Place of Business Mailing Address P.O. BOX 430964 P.O. BOX 430964 SOUTH MIAMI, FL 33243 SOUTH MIAMI FL 33243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0507008 Not Applicable Zip Country Zip 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 UGENT, AVERY Street Address (P.O. Box Number is Not Acceptable) 600 ARVIDA PARKWAY CORAL GABLES FL 33156 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. ☐ Addition CR2E034 (11/00) TITLE DPST TITLE ☐ Change ☐ Delete NAME NAME UGENT, AVERY STREET ADDRESS P.O. BOX 430964 (NA) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAMI FL" 33243 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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

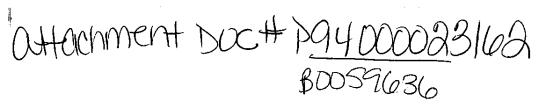
Avery A. Ugent, JUNE 29, 2001

Date

(305)665-3868

Daytime Phone #

President



june 29, 2001

Uniform Business Report Division of CORPORATIONS PO BOX 1500 tallahassee,fl 32302-1500

Dear Sirs:

PLEASE FIND ENCLOSED A CHECK IN THE AMOUNT OF \$158.75 WHICH INCLUDES (1) \$150.00 FOR THE UBR FILING FEE ALONG WITH (2)8.75 FOR A CERTIFICATE OF GOOD STATUS.

I REALIZE THAT I AM FILING LATE, BUT I NEVER RECEIVED THE 2001 FORM PACKAGE. YOUR OFFICES WERE KIND ENOUGH TO MAIL ME A REPLACEMENT FORM WHICH IS ATTACHED AND EXECUTED. I BELIEVE THAT I HAVE FILED ON A TIMELY BASIS FOR MANY YEARS AND I HOPE THAT YOU CAN WAIVE THE LATE PENALTY FILING FEE.

THANK YOU FOR YOUR ASSISTANCE.

VERY TRULY YOURS,

Jack R. Usert

Jack R. Ugent, Vice Pres. Federal Supervisory Service, Inc.