

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000025055**

1. Entity Name

ADVANCED CAPITAL DEVELOPMENT CORPORATION-HAMMOCK**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90071 050 ***150.00

Principal Place of Business 1101 BRICKELL AVE MIAMI FL 33131 US	Mailing Address P O BOX 279 KEY BISCAYNE FL 33149
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. <i>Suite 402 B</i>	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0545786	Applied For	Not Applicable
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5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLDMEIER, BARRY S 1000 MARINER DR KEY BISCAYNE FL 33149	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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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
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>1/21/01</i> Date	<i>305 310 9898</i> Daytime Phone #
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CR2E034 (10/00)