

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90064 027 \*\*\*550.00

**DOCUMENT # P94000040102**

1. Entity Name  
**SERIES 700, INC.**

Principal Place of Business  
**445 ANTIGUA LANE  
 PALM BEACH FL 33480  
 US**

Mailing Address  
**445 ANTIGUA LANE  
 PALM BEACH FL 33480  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3182887**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOMISCO INCORPORATION, INC.  
 222 LAKEVIEW AVE  
 SUITE 800  
 WEST PALM BEACH FL 33401**

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 \_\_\_\_\_  
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  Delete  
 NAME **D MILIDRAY, GEROG**  
 STREET ADDRESS **445 ANTIGNA LANE**  
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 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 an address, with all other like empowered.

SIGNATURE: George D. Milidray George D. Milidray 8/1/01 2485898400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

US 19

CR2E034 (10/00)

Attachment Doc # P94000040102  
130061924

Form **7004**  
Rev. October 2000)

### Application for Automatic Extension of Time To File Corporation Income Tax Return

OMB No. 1545-0233

Department of the Treasury  
Internal Revenue Service

Name of corporation

Employer identification number

**SERIES 700, INC.**

**38-3182887**

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

**445 ANTIGUA LANE**

City or town, state, and ZIP code

**PALM BEACH**

**FL 33480**

Check type of return to be filed:

- Form 990-C
- Form 1120
- Form 1120-A
- Form 1120-F
- Form 1120-FSC
- Form 1120-H
- Form 1120-L
- Form 1120-ND
- Form 1120-PC
- Form 1120-POL
- Form 1120-REIT
- Form 1120-RIC
- Form 1120S
- Form 1120-SF

Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States

#### 1 Request for Automatic Extension (see instructions)

a **Extension date.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until **9/17/01** to file the income tax return of the corporation named above for  calendar year 20 **00** or  tax year beginning and ending

b **Short tax year.** If this tax year is for less than 12 months, check reason:  
 Initial return  Final return  Change in accounting period  Consolidated return to be filed

#### 2 Affiliated group members (see instructions). If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period

#### 3 Tentative tax (see instructions)

3 0

#### 4 Payments and refundable credits: (see instructions)

a Overpayment credited from prior year	4a	
b Estimated tax payments for the tax year	4b	
c Less refund for the tax year applied for on Form 4466	4c	
e Credit for tax paid on undistributed capital gains (Form 2439)	4e	
f Credit for Federal tax on fuels (Form 4136)	4f	
Bal	4d	

#### 5 Total. Add lines 4d through 4f (see instr.)

5 0

#### 6 Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)

6 0

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

*John P. Fieretto*  
(Signature of officer or agent)

*CPA*  
(Title)

**3/03/01**  
(Date)