## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P95000009431 Apr 10, 2000 8:00 am Secretary of State 14TH BRICKELL WEST CORPORATION 04-10-2000 90089 043 \*\*\*158.75 Mailing Address Principal Place of Business 1177 KANE CONCOURSE 1177 KANE CONCOURSE SUITE 201 SUITE 201 BAY HARBOR FL 33154-2027 BAY HARBOR FL 33154 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0574912 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAPLIN, MARTIN W Street Address (P.O. Box Number is Not Acceptable) 1177 KANE CONCOURSE SUITE 201 BAY HARBOR FL 33154 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE TAPLIN, MARTIN W NAME NAME STREET ADDRESS 1177 KANE CONCOURSE, SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR FL TITLE ☐ Delete TITLE SILVA, OSMILDA NAME NAME 1177 KANE CONCOURSE, SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR FL ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of my signature shall have the same legal effect as if made under oath; that I am an officer or director or tas required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the inform ipplied with this fi does not qua indicated on this report or supple of the corporation or the receiver d accurate and execute this rep changed, or on an attachment w her like empoy