2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026746

1. Entity Name
RURAL OF BAL HARBOUR, CORP.

FILED
01 NOV -2 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
10101 Collins Avenue
Suite 21E
Bal Harbour, FL 33154

Mailing Address
[illegible]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
c/o Smith & Supraski, PA
Suite, Apt. #, etc.
2ndFL, 2450 NE Mia. Gardens Dr.
City & State
North Miami Beach, FL
Zip 33180 Country USA

4. FEI Number
65-0696245
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SUPRASKI, LOUIS A.
2450 N.E. Miami Gardens Drive
Second Floor
North Miami Beach, FL 33180

7. Name and Address of New Registered Agent
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROCA OPHELIA A. 10101 Collins Avenue, Suite 21E Bal Harbour, FL 33154 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROCA, JUAN 10101 Collins Avenue, Suite 21E Bal Harbour, FL 33154 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004720925--4 -12/12/01--01067--001 ****150.00 ****150.00
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CR2E034 (11/00)

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: Ophelia Roca Ophelia Roca 4/27/01 305-866-7332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #