2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90015 002 ***150.00

DOCUMENT # P95000056720

1. Entity Name
18TH STREET CORPORATION

Principal Place of Business	Mailing Address
~~2700 W CYPRESS CREEK RD #D 110~~	~~2700 W CYPRESS CREEK RD #D 110~~
~~FT LAUDERDALE FL 33309~~	~~FT LAUDERDALE FL 33309~~
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7700 CONGRESS AVENUE	7700 CONGRESS AVENUE
Suite, Apt. #, etc. 3100	Suite, Apt. #, etc. 3100
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33487 Country USA	Zip 33487 Country USA

4. FEI Number 65-0598393 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~FELUREN, MARK S~~
~~ONE FINANCIAL PLZ #1500~~
~~FT LAUDERDALE FL 33394~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2200 NORTH COMMERCE PKWY.
Suite # 202
City WESTON **FL** Zip Code 33326

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] MARK S. FELUREN 4-25-02
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, 2002 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	DPT DANBURG, JAMIE A ~~2700 CYPRESS CREEK RD #D 110~~ ~~FT LAUDERDALE FL 33309~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 7700 CONGRESS AVENUE SUITE # 3100 BOCA RATON, FL 33487	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] JAMIE A. DANBURG 4-23-02 561-997-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)