

2001 UNIFORM BUSINESS REPORT (UBR)

02-28-2001 90125 027 ***150.00

P95000058955

FILED

01 FEB 28 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P950000 58955**
1. Entity Name
West Fairfax Center Outparcel, Inc.

Principal Place of Business Mailing Address
**3612 W. Hillsboro Blvd.
Deerfield Beach, FL
33442**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
9810 NW 10 St.
City & State City & State
Plantation FL

Zip Country Zip Country
33322 USA

4. FEI Number **65-0611429** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Jill Hunter
3612 W. Hillsboro Blvd.
Deerfield Beach, FL 33442**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	Pres Jill Hunter 3612 W. Hillsboro Blvd Deerfield Beach FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jill Hunter, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/21/01** Dursine Phone #: **904-360-7444**

CR2E034 (1/1/00)

3/5/01