2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P95000067180 GAYLE H. COMANDER, P.A. 02-27-2001 90309 044 ***150.00 Principal Place of Business Mailing Address 8121 SW 139 TERR 8121 SW 139 TERR MIAMI FL 33158 **MIAMI FL 33158** 2. Principal Place of Business 3. Mailing Address 6401 SW 87 AVE 6401 SW 87 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 5te 210 5te 210 City & State City & State 4. FEI Number Applied For -65-0582640 Mjani Miami Not Applicable <u>65-06078</u> Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMANDER, GAYLE H Street Address (P.O. Box Number is Not Acceptable) (4401 SW 87 AVE SHE 210 8121 SW 139 TERR **MIAMI FL 33158** 1am 1 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. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE ☐ Delete TITLE Addition COMANDER, GAYLE H NAME NAME 6401 SW87 Ave Ste 210 Miam, FL 33173 8121 SW 139 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ____Change TITLE ☐ Addition TITLE ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.