2001 UNIFORM BUSINESS REPORT (UBR)

CUMENT # DOSOOOG7856

FILED Apr 17, 2001 8:00 am Secretary of State 04-17-2001 90024 006 ***150.00

Principal Place of Business 2826 EAST OAKLAND PARK BLVD 300 FT LAUDERDALE FL 33306 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address					
		2826 EAST OAKLAND PARK BLVD STE 300 FORT LAUDERDALE FL 33306 US					
		3. Malling Address					
		Suite, Apt. #, etc. City & State					
							Zip

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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN TH	HIS SPACE				
City & Stat	te	City & State		4 . F	El Number 65-0616144		oplied For		
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Require	ditional		
		7. Name and Address of New Registered Agent							
ROJAS, MARCO A 2826 EAST OAKLAND PARK BLVD 300 FORT LAUDERDALE FL 33306			Street Add						
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent an		egistered office or re			TE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable			0.00 of State	Election Campaign Financing Trust Fund Contribution.	∐ Ådded	0 May Be I to Fees			
11.	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD BIEGER, GILBERT 2826 E OAKLAND PARK BLVD, S' FORT LAUDERDALE FL PD	☐ Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition Addition		
NAME STREET ADDRESS CITY-ST-ZIP	ROJAS, MARCO A. 2826 E OAKLAND PARK BLVD, S' FORT LAUDERDALE FL	TE 300	NAME STREET ADDRESS CITY-ST-ZIP			_ ,			
NAME STREET ADDRESS CITY-ST-ZIP	S LEVY, FRED L 2826 E OAKLAND PARK BLVD, S FORT LAUDERDALE FL	TE 300	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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR