2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State

Secretary	of State
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1. Entity Nar		# P9	3500007	6851	L				V		05-1	6-2001 9	90391	015 *	*** 150	.00
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Principal Pla	ice of Busine	ess		Maili	ng Addres	SS			1							;
4800 N FEDERAL HWY STE 105E				SU	200 S. BISCAYNE BLVD. SUITE 4900				D.							
BOCA RATON, FL 33431 MIAMI, FL 33133						<u></u>	1			. 1	l. n. n. /	1 0·0				
2. Principal F 13790			REET	3. Ma	ailing Add 790 1	ress VW 4TH	SI	REET				A	1006	183	36	
13790 NW 4TH STREET Suite, Apt. #, etc. SUITE 113				Suite, Apt. #, etc. SUITE 113				DO NOT WRITE IN THIS SPACE								
City & Stat	te			Cit	ty & State						Number 0616421				Applied F Not Appli	$\overline{}$
Zip 33325	Country Zip 33325)	Country				5. Certificate of Status Desired \$8.75 Additional Fee Required								
	6. Name a	ınd Addre	ess of Current	Registe	ered Age	nt		News	7	7. Name	and Address of Ne	w Registe	red Age	nt		
								Name								
GRAGG,								Street A	ddress (P	P.O. Bo	Number is Not Acc	eptable)				
200 S. SUITE		AYNE	Bran.													
MIÁMI,		3131						City					FL	Zip Co	ode	
			s this statemer	nt for the	purpose	of changing i	ts regi	stered offic	ce or regi	istered	agent, or both, in the	State of Fl	orida.			\neg
SIGNATURE		mod or orio	ted name of regis	tored and	ant and title	if applicable		NOTE: Pagi	stered Ane	ent sions	ture required when rein	etatino)	DATE			-
 ;	Signature, ty	peo or prini	led name or regis	stered age	ent and title	i ir applicable.		NO1E. Regis	siereo Age	en signa	ture required when rein		- UATE			—
Tax filing re	oration is elig equirement : ria on back)		itisfy its Intangit s to do so.	, ₽	After N	LE NOW!!! IAY 1, 2001 ck Payable	Fee	will be \$5	550.00		D. Election Campaign Trust Fund Contrib		' _□		00 May f d to Fees	s
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information	i indicated o	ກ this rep	ort or suppleme	ental <u>re</u> p	ort is true	and accurat	e and	that my sid	anature si	shall har	119.07(3)(i), Florida ve the same legal eff	ect as if ma	ade unde	er oath:	that Lan	n an
officer or di	irector of the	e corporati	ion or the recei	er or tri	ûstee em	powered to e	xecute	this repor	t as requi	ired by	Chapter 607, Florida	Statutes; a	and that	my nar	ne appea	ars
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