## 2002 UMIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## Mar 15, 2002 8:00 am § P95000091304 DOCUMENT # **Secretary of State** 1. Entity Name 03-15-2002 90018 017 \*\*\*150.00 513 INVESTMENTS, INC. Principal Place of Business Mailing Address 513 U.S. HIGHWAY ONE 513 U.S. HIGHWAY ONE SUITE 107 **SUITE 107** NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0636688 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Block & Brand, P.A. M & W AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE I 1044 NE 15th\_Avenue 9100 SOUTH DADELAND BLVD. **MIAMI FL 33156** Zip Code Ft. Lauderdale 33304 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Change ☐ Addition TITLE ☐ Delete BROWN, F T JR NAME NAME 513 U.S. HIGHWAY ONE SUITE 107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N PALM BEACH FL 33408 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE [7] Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED**