

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000000534

1. Entity Name
 TACOLCY PARK VIEW, INC.

| | |
|--|--|
| Principal Place of Business 645 N.W. 62ND STREET, SUITE 300 MIAMI FL 33150 | Mailing Address 645 N.W. 62ND STREET, SUITE 300 MIAMI FL 33150 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------|--------------|------------------------------------|---|
| City & State | City & State | 4. FEI Number 65-0726139 | Applied For <input type="checkbox"/> |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

WOLFE LEON J
 100 SOUTHEAST SECOND STREET
 SUITE 3500, NATIONSBANK TOWER
 MIAMI FL 331312130 US

7. Name and Address of New Registered Agent

Name
REGISTERED AGENTS OF FLORIDA, L.L.C.
 Street Address (P.O. Box Number is Not Acceptable)
100 SOUTHEAST SECOND STREET
 SUITE 3500
 City MIAMI **FL** Zip Code 331312130

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 **LEONJ. WOLFE**

02/15/2001

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

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIMMONS LORENZO 645 N.W. 62ND STREET, SUITE 300 MIAMI FL 33150 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Lorenzo Simmons**

D **02/15/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)