2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am DOCUMENT # P96000020994 **Secretary of State** 1. Entity Name 1501 BUILDING CORPORATION, INC. 01-12-2000 90014 032 ***150.00 Mailing Address Principal Place of Business 1501 N.E. 4TH AVENUE 1501 N.E. 4TH AVENUE VAAAAALTS FT. LAUDERDALE FL 33304-1035 FT. LAUDERDALE FL 33304 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 65-0650215 Not Applicative Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHILLIPS, JOHN F Box Number is Not Acceptable) Street Add 1501 N.E. 4TH AVENUE FT. LAUDERDALE FL 33304 pits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. TED P. GALATIS **SIGNATURE** 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, 2000 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 OFFICERS AND DIRECTORS 11. 12. DP TITLE TITLE ☐ Delete PHILLIPS, JOHN F NAME NAME STREET ADDRESS 1501 N.E. 4TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Delete Change TITLE NAME ANDREWS, JOHN NAME STREET ADDRESS 1501 N.E. 4TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change ☐ Delete TITLE TITLE NAME GALATIS, TED P.-J NAME - -STREET ADDRESS 1501 NE 4TH AVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change [] · · · · · TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete 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 in

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter changed, or on an attachment with ap address, with all other tike empowered.

changed, or on an attachment with an aud

SIGNATURE: