

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028374

1. Entity Name

THE CURA GROUP, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90004 003 ***158.75

Principal Place of Business

5101 NW 21ST AVE
350
FT LAUDERDALE FL 33309

Mailing Address

5101 NW 21ST AVE
350
FT LAUDERDALE FL 33309-2708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0653827

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLARD, ALAN B
9660 WEST SAMPLE ROAD
SUITE 101
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

5391 NOB HILL RD

City

SUNRISE

FL

Zip Code

33351

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

Signature typed or printed name of registered agent and title if applicable.

ALAN B. WILLARD, CEO

4/25/00

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
WILLARD, DANNY
9660 WEST SAMPLE ROAD, SUITE 101
CORAL SPRINGS FL 33065



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
WILLARD, A. BRUCE
9660 WEST SAMPLE ROAD, SUITE 101
CORAL SPRINGS FL 33065



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DILE, RAY
5101 NW 21ST AVE STE 350
FT LAUDERDALE FL 33309



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
5391 NOB HILL RD
SUNRISE, FL 33351

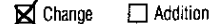


Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D:CEO
5391 NOB HILL RD
SUNRISE, FL 33351

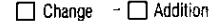


Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

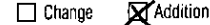


Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, DIRECTOR
IVAN B. DOBRIN
5101 NW 21ST AVE, SUITE 350
FT. LAUDERDALE, FL 33309

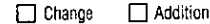


Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan B. Willard, CEO

Date

4/25/00

Daytime Phone #

(954)
677-0202

CR2E034 (9/99)