

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000043708

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
150 DUNBAR ROAD, INC.

Principal Place of Business ONE SE THIRD AVE #1400-A MIAMI FL 33131	Mailing Address ONE SE THIRD AVE #1400-A MIAMI FL 33131-1714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 515 North Flagler Drive Suite, Apt. #, etc. Suite 400	3. Mailing Address 515 North Flagler Drive Suite, Apt. #, etc. Suite 400
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401-4399	Country U.S.A.

4. FEI Number 65-0672567	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent COPROLITE CORPORATION ONE SE THIRD AVE #1400-A MIAMI FL 33131	7. Name and Address of New Registered Agent Name PricewaterhouseCoopers LLP Street Address (P.O. Box Number is Not Acceptable) 515 N. Flagler Drive, Ste. 400 City West Palm Beach FL Zip Code 33401
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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  **3.6.00**
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JACKSON, CARLA ONE SE THIRD AVE #1400-A MIAMI FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Deyse Racy 146 Atlantic Avenue Palm Beach, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CALVERT, YVONNE ONE SE THIRD AVE #1400-A MIAMI FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres.- Treasurer Tania Racy 230 Everglades Avenue Palm Beach, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003171603--5 -03/15/00--01101--019 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:  **D.S. RACY** **3.6.00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE