

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074018

1. Entity Name
SCHANFALD AND WARLEN, P.A.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90259 031 ***150.00

Principal Place of Business 125520 BISCAYNE BLVD SUITE 402 N MIAMI FL 33181 US	Mailing Address 125520 BISCAYNE BLVD SUITE 402 N MIAMI FL 33181 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2450 Hollywood Boulevard Suite, Apt. #, etc. Suite 201 City & State Hollywood FL Zip 33020-6620 Country U.S.A.	3. Mailing Address 2450 Hollywood Boulevard Suite, Apt. #, etc. Suite 201 City & State Hollywood FL Zip 33020-6620 Country U.S.A.
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4. FEI Number 65-0692292	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WARLEN, GARY M 12550 BISCAYNE BLVD SUITE 402 N MIAMI FL 33181	7. Name and Address of New Registered Agent Name WARLEN, GARY M. Street Address (P.O. Box Number is Not Acceptable) 2450 Hollywood Boulevard, Suite 201 City Hollywood FL Zip Code 33020-6620
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <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	D WARLEN, GARY M 7320 SW 18TH STREET PLANTATION FL 33317 <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
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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: GARY M. WARLEN 1/31/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)