

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082231

1. Entity Name

THE CURA GROUP II, INC.

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

05-11-2000 90004 002 ***158.75

Principal Place of Business

5101 NW 21 AVE
 STE 350
 FORT LAUDERDALE FL 33309

Mailing Address

5101 NW 21 AVE
 STE 350
 FORT 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

65-0704856

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 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, type 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 DVPS ☐ Delete
 NAME WILLARD, DANNY
 STREET ADDRESS 9660 SAMPLE RD STE 301
 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE DVPS ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 5391 NOB HILL RD
 CITY-ST-ZIP SUNRISE, FL 33351

TITLE DPT ☐ Delete
 NAME WILLARD, ALAN B
 STREET ADDRESS 9660 SAMPLE RD STE 301
 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE CEO ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 5391 NOB HILL RD
 CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 4/25/2000 677-0202

Date

Daytime Phone #

CR2E034 (9/99)