

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094258

1. Entity Name

PHILICON, INC.

03-21-2001 90028 035 \*\*\*150.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR 16 PM 4:48

40035216

Principal Place of Business Mailing Address  
1900 N. Bayshore Drive 16705 Amber Lake  
Suite 609 Weston, FL 33331  
Miami, Florida 33132

2. Principal Place of Business

3. Mailing Address

16705 Amber Lake

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston, FL 33331

4. FEI Number

65-0720554

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jerome B. Tynan  
1900 N. Bayshore Drive, Suite 609  
Miami, Florida 33132

Name

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

City

FL

Zip Code

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.

(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, 2001 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

Make Check Payable to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DELETE: P.D. ☒ Delete  
NAME: DURZYNSKI, JOHN J.  
STREET ADDRESS: 6200 Washington Street, #5  
CITY-ST-ZIP: Hollywood, FL 33023

TITLE: P.T.S.D. ☐ Change ☒ Addition  
NAME: Jerome B. Tynan  
STREET ADDRESS: 1900 N. Bayshore Drive  
CITY-ST-ZIP: Miami, FL 33132

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:  
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Delete  
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

03/14/01

CR2E034 (11/00)