

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000005548**1. Entity Name
FOREST HILL C/T, INC.**Principal Place of Business**C/O CENTRES, INC.
3315 NORTH 124TH ST., SUITE E
BROOKFIELD
53005

WS

Mailing AddressC/O CENTRES, INC.
9130 S DADELAND BLVD
MIAMI
33156

FL

2. Principal Place of Business
C/O CENTRES INC.**3. Mailing Address**
C/O CENTRES INC.Suite, Apt. #, etc.
9130 S. DADELAND BLVD., #1528Suite, Apt. #, etc.
9130 S. DADELAND BLVD., #1528

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLCity & State
MIAMI FL4. FEI Number
39-1880165

Applied For

Not Applicable

Zip
33156Country
USZip
33156Country
US5. 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**ARNOLD SHEVIN
TWO DATRAN CNTR #1528
9130 S DADELAND BLVD
MIAMI
33156

FL

US

Name

SHEVIN ARNOLD D

Street Address (P.O. Box Number is Not Acceptable)
TWO DATRAN CNTR #1528

9130 S DADELAND BLVD

City
MIAMI

FL

Zip Code
33156

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 **ARNOLD D. SHEVIN****02/27/2001**

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**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VST ☐ Delete
NAME NENNIG MICHELLE M
STREET ADDRESS 3315 N 124TH ST #E
CITY-ST-ZIP BROOKFIELD WI 53005TITLE VAST ☒ Change ☐ Addition
NAME CHARLTON DAVID K
STREET ADDRESS 9130 S. DADELAND BLVD., #1528
CITY-ST-ZIP MIAMI FL 33156TITLE DP ☐ Delete
NAME KARL KENNETH B
STREET ADDRESS 9130 S DADELAND BLVD
CITY-ST-ZIP MIAMI FL 33156TITLE DP ☒ Change ☐ Addition
NAME KARL KENNETH B
STREET ADDRESS 9130 S. DADELAND BLVD., #1528
CITY-ST-ZIP MIAMI FL 33156TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **DAVID K. CHARLTON**

VAST

02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)