## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P97000010425 RUSSO & MITCHELL, P.A. 04-12-2001 90006 040 \*\*\*150.00 Principal Place of Business Mailing Address 7515 W OAKLAND PK BLVD 7515 W OAKLAND PK BLVD STE 103 STE 103 FT LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0717024 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name MITCHELL, JOE M III Street Address (P.O. Box Number is Not Acceptable) 7515 W OAKLAND PARK BLVD **STE 103** FT LAUDERDALE FL 33319 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition CR2E034 (10/00) ☐ Delete TITLE TITLE NAME MITCHELL, JOE M III NAME 7515 W OAKLAND PARK BLVD STE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33319 Delete TITLE Change ☐ Addition TITLE ST NAME RUSSO, ANTHONY J JR. NAME STREET ADDRESS STREET ADDRESS 7515 W OAKLAND PARK BLVD STE 103 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33319 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information syndlied 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 of true 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

04/06/01

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Daytime Phone #