

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91167 017 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P97000010618

**1. Entity Name**

Fercon Florida, Inc.

**Principal Place of Business**

**Mailing Address**

5000 North Lake Boulevard

Same

Palm Beach Gardens FL 33418

771184

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

650753453

**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**

Paulo C. Miranda  
Greenberg, Traurig et al  
1221 Brickell Avenue  
Miami FL 33131

**Name:**

Paulo Miranda

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

Akerman Senterfitt

One Southeast Third Avenue, 28th Floor

**City** Miami

**FL**

**Zip Code** 33131

**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**

Paulo Miranda

April 30, 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 \$650.00**

**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**

<b>TITLE</b>	D/P	<input type="checkbox"/> Delete
<b>NAME</b>	David Spilberg	
<b>STREET ADDRESS</b>	5000 North Lake Boulevard	
<b>CITY-ST-ZIP</b>	Palm Beach Gardens 33410	
<b>TITLE</b>	D/S/T	<input type="checkbox"/> Delete
<b>NAME</b>	David Spilberg	
<b>STREET ADDRESS</b>	5000 North Lake Boulevard	
<b>CITY-ST-ZIP</b>	Palm Beach Gardens FL 33410	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 Spilberg

April 30, 2001

305.692.7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)