

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013630

1. Entity Name

TALKING WALLS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90083 021 ***158.75

Principal Place of Business

Mailing Address

15001 NORTHWEST 42 AVENUE
 OPA-LOCKA FL 33054

15001 NORTHWEST 42 AVENUE
 OPA-LOCKA FL 33054-2324

2. Principal Place of Business

UNIVERSITY OF FLORIDA

3. Mailing Address

SAME ABOVE

Suite, Apt. #, etc.

G-12

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

4. FEI Number

65-0726973

Applied For

Not Applicable

Zip

32611

Country

Zip

Country

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

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

MITCHELL E. JACOBS, P.A.

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

15001 N.W. 42 AVE - SUITE 121

City

OPA-LOCKA

FL

Zip Code

33054

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

Mitchell E. Jacobs (FBN0000179)

4/27/00

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 VAZQUEZ, FABIO
 15001 NORTHWEST 42 AVENUE
 OPA-LOCKA FL 33055 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 WILLIAM VASQUEZ
 PRESIDENT-
 UNIVERSITY OF FLORIDA SUITE K6-12
 GAINESVILLE, FL. 32611 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VITISIC
 FABIO ALEXANDER VASQUEZ
 15001 N.W. 42 AVENUE
 OPA-LOCKA, FL. 33055 ☐ Change ☒ Addition

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

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:

FABIO A. VASQUEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

Date

(305) 687-8410
 Daytime Phone #

CR2E034 (9/99)