

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91003 011 ***150.00

0201103

DOCUMENT # P97000042582

1. Entity Name
CONVERLY REPORTING INC.

Principal Place of Business

**301 GOLDEN ISLES DR
 #106
 HALLENDALE FL 33009
 US**

Mailing Address

**301 GOLDEN ISLES DR
 STE 106
 HALLENDALE FL 33009
 US**

2. Principal Place of Business

2147 NE 182nd St

Suite, Apt. #, etc.

3. Mailing Address

2147 NE 182nd St

Suite, Apt. #, etc.

City & State

N.M.B., Florida

City & State

N.M.B., FLORIDA

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

65-0813494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CONVERLY, MARIANA C
 301 GOLDEN ISLES DR #106
 HALLENDALE FL 33009**

7. Name and Address of New Registered Agent

Name **Converly, Mariana C.**
 Street Address (P.O. Box Number is Not Acceptable)
2147 NE 182nd St
 City **N.M.B., FL** Zip Code **33162**

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**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **CONVERLY, MARIANA C**
 STREET ADDRESS **301 GOLDEN ISLES DR #106**
 CITY-ST-ZIP **HALLENDALE FL 33009**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **Converly, Mariana C.**
 STREET ADDRESS **2147 NE 182nd St**
 CITY-ST-ZIP **N.M.B., FL 33162**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: **Mariana C. Converly** **MARIANA C. Converly** #/30/01 (305) 644-1054
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2ED34 (10/00)