

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700049941
 1. Entity Name
HTG COMMERCIAL, INC.

Principal Place of Business: 3225 Aviation Avenue, Suite 700, Coconut Grove, FL 33133
 Mailing Address: 3225 Aviation Avenue, Suite 700, Coconut Grove, FL 33133

FILED
 01 MAY -1 PM 1:09
 SECRETARY OF STATE,
 TALLAHASSEE, FLORIDA

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: 65-0778367
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Stewart Marcus
 3225 Aviation Avenue, Suite 700
 Coconut Grove, FL 33133

7. Name and address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip: _____

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

12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P
 Stewart Marcus
 3225 Aviation Avenue, Suite 700
 Coconut Grove, FL 33133 Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
V
 Peter F. Fagan
 3225 Aviation Avenue, Suite 700
 Coconut Grove, FL Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
300004287373--4
-05/22/01--01072--007
******150.00 ****150.00**

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS 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: Stewart Marcus PRESIDENT 4/30/01 (305) 860-8188
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #