

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90024 007 \*\*\*150.00

0158838

**DOCUMENT # P97000059323**

1. Entity Name

**FULLER FAMILY PARTNERS, INC.**

Principal Place of Business

**2601 S. BAYSHORE DR. 11TH FLOOR  
MIAMI FL 33133**

Mailing Address

**C/O FULLER & SUAREZ, PA  
2601 BAYSHORE DR. SUITE 1500  
MIAMI FL 33133  
US**

2. Principal Place of Business

**201 Alhambra Cir, #602**  
Suite, Apt. #, etc.

3. Mailing Address

**201 Alhambra Cir, #602**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**CORAL GABLES, FL**

City &amp; State

**CORAL GABLES, FL**

4. FEI Number

**65-0768689**

Applied For

Not Applicable

Zip

**33134**

Country

**US**

Zip

**33134**

Country

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

6. Name and Address of Current Registered Agent

**FULLER, ALLEN D  
2601 S. BAYSHORE DR. 11TH FLOOR  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

**Allen D. Eiler**

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

**201 Alhambra Cir, #602**

City

**MIAMI****FL**

Zip Code

**33134**

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

**3/26/01**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FULLER, ALLEN D	2601 S. BAYSHORE DR. 11TH FLOOR	MIAMI FL 33133	<input type="checkbox"/>

D	FULLER, LAWRENCE A	1111 LINCOLN RD. STE. 802	MIAMI BEACH FL 33139	<input type="checkbox"/>
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D	FULLER, JOHN P	1111 LINCOLN RD. STE. 802	MIAMI BEACH FL 33139	<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/01**  
Date**305/445-7150**  
Daytime Phone #

CR2E034 (10/00)