## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

## FILED Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P97000070566 1. Entity Name HOWELL ASSOCIATES, INC. 04-11-2001 90012 038 \*\*\*150 00 Mailing Address Principal Place of Business 600 PARKVIEW DR 600 PARKVIEW DR DAJOIJ HALLANDALE FL 33009 HALLANDALE FL 33009 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0773014 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAKOBI, ELLA Street Address (P.O. Box Number is Not Acceptable) 11431 N.W. 18TH MNR CORAL SPRINGS FL 33071 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible - 10.-Election Campaign Financing \$5:00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. 3R2E034 (10/00) ☐ Addition PT ☐ Delete TITLE NAME JAKOBI, ELLA NAME STREET ADDRESS STREET ADDRESS 600 PARKVIEW DR 306 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change Addition TITLE ☐ Delete TITLE 2221 NE 53ROST FORT LAUDERDALE FL 33. NAME NAME JAKOBI, HOWIE STREET ADDRESS STREET ADDRESS 1400 NE 57TH CT 204 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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 of dustee 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 all other like empowered.

ELLA JAKOBI PRE