

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

05-03-2001 90946 020 \*\*\*158.75

**DOCUMENT # P97000082729**

1. Entity Name  
**OCTOBER PROJECT III CORP.**

Principal Place of Business  
**7695 S.W. 104TH STREET STE. 210**  
**MIAMI FL 33156**

Mailing Address  
**7695 S.W. 104TH STREET STE. 210**  
**MIAMI FL 33156**

2. Principal Place of Business  
**C/O J.P. CAREY, INC.**  
**3343 PEACHTREE RD.**  
Suite, Apt. #, etc.  
**SUITE 500**

3. Mailing Address **C/O J.P. CAREY, INC.**  
**3343 PEACHTREE RD.**  
Suite, Apt. #, etc.  
**SUITE 500**

City & State  
**ATLANTA, GEORGIA**

City & State  
**ATLANTA, GEORGIA**

Zip  
**30326**

Country  
**U.S.**

Zip  
**30326**

Country  
**U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0972869**

Applied For  
Not Applicable

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**

**LITTMAN, ERIC P**  
**7695 S.W. 104TH STREET STE. 210**  
**MIAMI FL 33156**

Name

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

City- **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **SPD** ☒ Delete  
NAME **LITTMAN, ERIC P**  
STREET ADDRESS **7695 S.W. 104TH STREET STE. 210**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **CEO/D** ☐ Change ☒ Addition  
NAME **JOHN C. CAROUSE**  
STREET ADDRESS **C/O J.P. CAREY, INC., 3343 PEACHTREE RD., SUITE 500**  
CITY-ST-ZIP **ATLANTA, GA 30326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **JAMES HOLTON**  
STREET ADDRESS **C/O J.P. CAREY, INC., 3343 PEACHTREE RD., SUITE 500**  
CITY-ST-ZIP **ATLANTA, GA 30326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CFO** ☐ Change ☒ Addition  
NAME **JIMMIE CARTER**  
STREET ADDRESS **C/O J.P. CAREY, INC., 3343 PEACHTREE RD., SUITE 500**  
CITY-ST-ZIP **ATLANTA, GA 30326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **JOSE ANFRANT**  
STREET ADDRESS **C/O J.P. CAREY, INC., 3343 PEACHTREE RD., SUITE 500**  
CITY-ST-ZIP **ATLANTA, GA 30326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: John C. Carouse **JOHN C. CAROUSE** 4/25/01 (404) 816-5339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)