## **2000 UNIFORM BUSINESS REPORT (UBR)**

Principal Place of Business  200 W MCNAB RD FT LAUDERDALE FL 30009  2. Principal Place of Business  2. Mailing Address  2. Principal Place of Business  2. Mailing Address  2. Principal Place of Business  2. Principal Place of	FileD Feb 05, 2000 8:00 am Secretary of State 02-05-2000 90050 046 ***150.00		
### FLAUDERDALE FL 33309   TLAUDERDALE FL 33309-1000    #### Principles Place of Business   3. Mailing Address   4. FEI Number   65-0794739   Applied   Not 2-7   3. Mailing Address   5. Certificate of Status Desired   5. Certificate of Status Desired   5. March Principles   5. Mar			
Suile, Apt. #, etc.  City & State FT. Cauderdale FL City & State FT. Cauderdale FL FC. Landerdale FL FC. Status Desired Fee Required Fee Required FEE FC. Name and Address of New Registered Agent Fee Required FEE FC. Name and Address of New Registered Agent Fee Required FC. Name and Address of New Registered Agent Fee FC. Status Desired Fee Required FEE FC. Name and Address of New Registered Agent Fee FC. Name and Address of New Registered Agent Fee FC. Name and Address of New Registered Agent Fee FC. Status Desired Fee Required FEE FC. Name and Address of New Registered Agent Fee FC. Status Desired Fee Required FEE FC. Name and Address of New Registered Agent Fee FC. Name and Address of New Registered Agent Registered Agent Registered agent, or both, in the State of Florida.  33 3 12			
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Stock   Stoc	<b>r</b>		
6. Name and Address of Current Registered Agent  JACOBSON, BARBARA 2020 W MCNAB RD FT LAUDERDALE FL 33309  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  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  TILE  DP  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL ANDRESS CITY-ST-ZIP  TITLE  DV  DATE  OV  FARTRO, AUGUST A  STREET ANDRESS CITY-ST-ZIP  TITLE  DV  Change  Change  Change  CITY-ST-ZIP  TITLE  DV  CHANGES  CITY-ST-ZIP  TITLE  DElete  TITLE  DV  Change  Change  CHANGES  CITY-ST-ZIP  TITLE  DELET  CHANGES  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  TITLE  DELET  CHANGES  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  TITLE  DELET  CHANGES  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  TITLE  DELET  CHANGES  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  CHANGES  CITY-ST-ZIP  CHANGE  CHANGES  CITY-ST-ZIP  CHANGES  CHANGES  CITY-ST-ZIP  CHANGES  CHANGES  CITY-ST-ZIP  CHANGES  CHANGES  CITY-ST-ZIP  CHANGES  CHANGES  CHANG	g, ···		
S. Name and Address of New Registered Agent   T. Name and Address of New Registered Agent	İ		
Street Address (P.O. Box Number is Not Acceptable)  ### Street Address (P.O. Box Number is Not Acceptable)  ### Street Address (P.O. Box Number is Not Acceptable)  ### ### ### Added to F  ### ### ### ### ### ### ### ### ###			
### BLOOM AND PRICE SUPPLY STATE ADDRESS CITY-ST-ZIP  #### Clauder Blood	<u> </u>		
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			
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   Part	_		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE  TITLE  DP Delete TITLE  DF TITLE  DF TITLE  DF Delete TITLE  DELET ADDRESS CITY-ST-ZIP  Change  Change  Change			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  TITLE  DP  NAME  JACOBSON, BARBARA  STREET ADDRESS  CITY-ST-ZIP  TITLE  DW  NAME  FARTRO, AUGUST A  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DElete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  DOW:!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Added to F  Added to F  Added to F  Added to F  Change C  Change  Change  Change  Change  TITLE  Delete  TITLE  Change  Change  Change  Change  Change  Change			
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  JACOBSON, BARBARA  STREET ADDRESS  CITY-ST-ZIP  TITLE  DV  NAME  FARTRO, AUGUST A  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  FARTRO, AUGUST A  STREET ADDRESS  CITY-ST-ZIP  TITLE  DV  Delete  TITLE  DV  ORAL SPRINGS FL 33315  Delete  TITLE  Delete  TITLE  OChange  Change  Change  Change	_		
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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 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 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 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 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 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 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 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 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 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 stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(i), Florida Statutes. I further cer	-CIOI		
of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Bloc changed, or on an attachment with an address, with all other like empowered.	k 12 if		
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