05-03-2001 90090 046 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9700091357

1. Entity Name

FPH MANAGEMENT, INC.

Principal Place of Business  501 E CAMONI REAL CORPORATE OFFICE BOCA RATON FL 33432 US  2. Principal Place of Business  Suite, Apt. #, etc.		Mailing Address PO BOX 5025 CORPORATE OFFICE BOCA RATON FL 33431 US  3. Mailing Address  Suite, Apt. #, etc.		1							
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				DO NOT WRITE IN THIS SPACE							
City & State		City & State		4. F	El Number	65-0792	2649			pplied For ot Applicable	7
Zip	Country	Zip	Country	<b>5.</b> C	ertificate of S	Status Desire	ed [		8.75 Ad ee Require		1
	6. Name and Address of Current R	egistered Agent		7. N	ame and Ad	dress of Ne	w Regis	tered Ag	jent		1
			Name								7
AMERICAN INFORMATION SERVICES, IN ONE SE THIRD AVE, 28TH FLOOR MIAMI FL 33131		IC.	Street Addre	ss (P.O. Bo	ox Number is	Not Accep	table)				}
			City				<del></del> _	FL	Zip Coo	ie	1
8. The above	named entity submits this statement for t	he purpose of changing its rea	aistered office or reai	stered age	ent, or both, i	n the State o	of Florida				1
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CICALATURE						٠,					l
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable (NOTE: De	egistered Agent signature req	uired when rei	netation)	<del></del>		DATE		<del></del>	
	Digitaldre, 17000 or printed rights or registered again and	anto a applicable. (14012: 18	egisioleo Again signetaro req	lanco monto	istating)	•		DATE			
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 2001	FEE IS \$150.00 Fee will be \$550.0	00	10. Election	on Campaign			\$5.0 Added	O May Be d to Fees	
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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 supplymental 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 for 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Steven M. Dauria
Nure and typed of Printed name of Signing Officer on Director

☐ Delete

4/26/01

561-447-5300

☐ Change

☐ Addition

Daytime Phone #