## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2001 8:00 am

SIGNATURE:

1. Entity Nan		0091394			Secretary 09-12-2001 90002	of Stat	te
Principal Plac	ce of Business	Mailing Address	<del></del>	_			
17045 N.W. 11TH STREET PEMBROKE PINES FL 33028		17045 N.W. 11TH STREET PEMBROKE PINES FL 33028		}		<b>Ge</b> nsa ( <b>G</b> eor 18 <b>00)</b> (181 <b>0)</b>	18011 8180 1 <b>88</b> 1
2. Principal Place of Business		3. Mailing Address		<u> </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS SPACE		
City & State		City & State 4.		4. FEIN	FEI Number 65-0801981 Applied For Not Applicable		
Zip Country		Zip Country		5. Certif	5. Certificate of Status Desired		
	6. Name and Address of Current R	legistered Agent		7. Name	and Address of New Registe		
OHDAG E	Name	Name					
CUBAS, F 17045 N.V	KERRE L N.: 11 STREET		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
PEMBROK	KE PINES FL 33028						
			City			FL Zip Code	Э
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  After September 12, 2001 Make Check Payable to I			2001 Fee will be \$750	0.00	(Flection Campaign Financing Trust Fund Contribution.	+	0 May Be
11.	OFFICERS AND D	<del></del>	12.	ADDITIO	ONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUBAS, REVE L 17045 N.W. 11 STREET PEMBROKE PINES FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELANEY, CLEVELAND JR. 835 MACON PLACE UNIONDALE NY 11553	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS*		Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
<ol> <li>indicated of the cor</li> </ol>	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empty	his filing does not qualify for the rue and accurate and that my yeard to execute this report as	he exemption stated in S signature shall have the s required by Chapter 60	ection 119.0 same legal 7. Florida St	7(3)(i), Florida Statutes. I furthe effect as if made under oath; the	r certify that the in at I am an officer of ars in Block 11 or	formation or director Block 12 if