## **2001 UNIFORM BUSINESS REPORT (UBR)**

| 2001   | ONIFORM BOSI  | ME22 KEPU   | KI (            | OB                  | 4)             |              | ,                      | 4PPRQV   | FF:        |                                 |                               |          |
|--|---|---|-----------------|---------------------|----------------|--------------|------------------------|--|------------|---------------------------------|-------------------------------|----------|
| DÖĞÜMENT # P9700093700  1. Entity Name   |   |   |                 |                     |                | AND THE      |                        |  |            |                                 |                               |          |
| FACTUAL INFORMATION BUREAU, INC.   |   |   |                 |                     |                |              | 00.44                  | <b>D A</b>                                       |            |                                 |                               |          |
| <b>,</b>   | \$  | ·   |                 |                     |                |              | UZ MA                  | R 25 P   | 13:0       | )5                              |                               |          |
| Principal Plac   | e of Business   | Mailing Address   |                 |                     |                |              | SECR                   | FTARY AC   | CTATE      | -                               |                               |          |
| 5028 NW 11TH<br>POMPANO BEA  |   | 5028 NW 11TH WAY<br>POMPANO BEACH FL 33064                                    |                 |                     |                |              | TALLA                  | ETARY OF<br>HASSEE, F                            | LORID      | E<br>JA                         |                               |          |
|  |   |   |                 |                     |                | , .          | -<br>-                 | -<br>  <b>11</b> 10/ <b>11</b> 10/ <b>11</b> 10/ |            | 1811 1 <b>88</b> 1 <b>88</b> 1  | (1 <b>88</b> )) ( <b>38</b> ) |          |
| 2. Principal Place of Business 201 NJM FCC 11al Hwy 3. Mailing Address   |   |   |                 |                     |                | V)           |                        |  |            |                                 |                               |          |
| Suite, Apt.  | # Ben Ste 104   | Suite, Apt. #, etc.   |                 |                     |                |              | NSTAT                  | EME  | THIS SP    | ACE<br>2004                     | 2002                          | 2        |
| City & Stat  | DREIFIELD BCH   | City & State  |                 |                     |                | <b>4.</b> F8 | El Number 65-0         | 792292   | 760        |                                 | olied For<br>Applicable       | <b>,</b> |
| zi331  | by Roward.  | Zip   | Counti          | ry                  |                |              | ertificate of Status [ |  | _ Fe       | <b>B.75</b> Addi<br>se Required |                               |          |
|  | 6. Name and Address of Current R                        | egistered Agent   |                 | Nome                |                | 7. N         | ame and Address        | of New Regis                                     | tered Ag   | ent                             |                               | ┦¯       |
| OLAN   | ININO LEE   |   |                 | Name                |                |              |                        |  |            |                                 |                               | 1        |
| GIANNINO, LEE<br>5028·NW-11TH·WAY  |   |   |                 | Street A            | ddress (P      | O. Bo        | x Number is Not A      | cceptable)                                       |            |                                 |                               | 7-       |
| POMPANO BEACH FL 33064   |   |   |                 |                     |                |              | 2000                   | 0528   | 316        | 42-                             | -6                            | $\dashv$ |
|  |   |   | -               | 0:                  |                |              |                        | <u>4/16/02</u>                                   |            |                                 |                               | 4        |
|  |   |   | İ               | City                |                |              | *                      | ***150.  | Mar *      | *****                           | 9.00                          |          |
| 8. The above   | named entity submits this statement for                 | the purpose of changing its r   | egistere        | d office or         | registere      | d age        | nt, or both, in the S  | ate of Florida.                                  |            |                                 |                               |          |
|  | $\mathcal{L}$ of $\mathcal{L}$                          |   |                 |                     |                |              |                        |  |            |                                 |                               |          |
| SIGNATURE  | Signature, typed or printed name of registered agent an | d title if explicable (NOTE:  | Penistered      | Agent signatu       | ire required v | vhen rein    | netatina) -            |  | DATE       |                                 |                               |          |
|  |   | T   |                 |                     |                |              | -statingy              |  |            |                                 |                               | -        |
| <ol> <li>This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</li> <li>FILE NOW!!! FEE</li> <li>After MAY 1, 2001 Fee</li> </ol> |   |   |                 |                     |                |              | 10. Election Cam       |  |            |                                 | <b>)</b> Мау Ве               | 1        |
| _  | ria on back)  | After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St |                 |                     |                | ,            | Trust Fund Co          | ontribution.                                     | Ш          | Added                           | to Fees                       |          |
| 11.  | OFFICERS AND D  | IRECTORS  | 12.             |                     |                | ADD          | OTTONS/CHANGES         | TO OFFICER                                       | S AND D    | IRECTORS                        | IN 11                         | 1        |
| TITLE  | D   |   |                 |                     | Presi          | deN          | + 10                   | .1 (   | [          | Change                          | ☐ Addition                    | 7        |
| NAME   | GIANNINO, DAWN  |   | NAME            |                     | TAN            | chi          | IM 6. PO               | rtnoy  |            |                                 |                               | 3        |
| STREET ADDRESS  <br>CITY-ST-ZIP  | 5028 NW 11TH WAY  |   |                 | T ADDRESS<br>ST-ZIP |                |              | ON PL SHI              | 456  |            |                                 |                               | 3        |
|  | POMPANO BEACH FL 33064<br>D                             | Delete  |                 | 31-ZIF              |                |              |                        | 555  |            | Change                          | ☐ Addition                    | -   }    |
| TITLE<br>NAME  | GIANNINO, LEE   | L <b>₩</b> Delete   | . TITLE<br>NAME |                     | VIC            | F . F        | Stes Iden              |  | •          | Guange                          | Acciden                       | 1        |
| STREET ADDRESS   | 5028 NW 11TH WAY  |   |                 | T ADDRESS           |                |              | ANNINO<br>WILH WAY     | 1  |            |                                 |                               |          |
| CITY-ST-ZIP  | POMPANO BEACH FL 33064                                  | /   | ÇITY-S          | ST-ZIP              | Dom            | PA           | WU ach P               |  | 4          | <u> </u>                        |                               |          |
| TITLE  | SEC   | Delete  | TITLE           |                     | Sec            | •            | _                      | ١  | . [        | _ Change                        | Addition                      | }        |
| NAME<br>STREET ADDRESS   | RODRIGUEZ, BETTY  |   | , NAME          | T ADDDECC           | TON!           | Chuj         | m G Port               | MM   |            |                                 |                               |          |
| STREET ADDRESS<br>CITY-ST-ZIP  | 4324 NW 9TH AV BLD 5 APT 1C<br>POMPANO BEACH FL 33064   |   | CITY-S          | T ADDRESS<br>ST-7!P | 148 5          | utt          | IN DLST                | n<br>11555 .                                     |            |                                 |                               |          |
| TITLE  | FOMPANO DEACTIFE 33004                                  | □ Delete  | TITLE           |                     | Trea           | KUN          | 1                      | <del>// 3 / .) \</del>                           |            | Change                          | Addition                      | 1-       |
| NAME   |   | _ Dolou   | NAME            |                     | 1116           | IAL          | ל או טונ               |  | _          |                                 |                               |          |
| STREET ADDRESS   |   |   |                 | T ADDRESS           | SDZK           | Nu           | 1.11th WAT             |  |            |                                 |                               |          |
| CITY-ST-ZIP  |   | · · · · · · · · · · · · · · · · · · ·   | CITY-S          | ST-ZIP              | POV            | n pa         | NO Beh n               | 3306   |            |                                 | <u></u>                       | 4        |
| TITLE  |   | Delete  | TITLE           |                     | '              |              | 2000                   | 0528   | 316        | Change                          | . $\square$ Addition          |          |
| NAME<br>STREET ADDRESS   |   |   | NAME<br>STREET  | T ADDRESS           |                |              | -0                     | 4/16/02 <sup>,</sup>                             | Ulu        | 127U:                           |                               | }        |
| CITY-ST-ZIP  |   |   | CITY-S          |                     |                |              | *                      | ***208.  | 75 *       | ***208                          | 3.75                          | 1        |
| TITLE  |   | ☐ Delete  | TITLE           |                     |                |              |                        |  |            | Change                          | Addition                      | 7 .      |
| NAME   |   |   | NAME            |                     |                |              | 20000                  | 1528   | 16         | 42-02                           | _ <b>b</b>                    |          |
| STREET ADDRESS   |   |   |                 | T ADDRESS           |                |              | -04                    | 1/16/02-   | .⊶UIU.<br> | raaccu<br>でしましてい                | ຼົດຕ                          |          |
| CITY-ST-ZIP  |   |   | CITY-S          | )I-4P               |                |              | 樂計                     | **550.0  | U ***      | ・ホポコンリ                          | . VV                          | _ [ ,    |

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 attachpoint with an address, with all other like empowered.

SIGNATURE 2 mmu OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR