## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DO@UMENT # **P97000095259** Feb 02, 2000 8:00 am 1. Entiry Name Secretary of State F @ P ASSOCIATES, INC. 02-02-2000 90014 044 \*\*\*150.00 Mailing Address Principal Place of Business 20931 VIA-AZALEA 20931 VIA-AZALEA Ste 1 STE 1 BOCA RATON FL 33428-1358 **BOCA RATON FL 33428** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0793919 Not Applicable Zip Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZALKA, STEPHEN M CPA-Street Address (P.O. Box Number is Not Acceptable) 5255 N.W. 87TH AVE ... STE 301 MIAMI FL 33178 Zip Code City bove 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be $T_{i,j}^{T}$ x filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITI ' ☐ Delete POLLACK, FRAN NAME STREET ADDRESS STIF EET ADDRESS 20931 VIA-AZALEA STE 1 DITY-ST-71P CIT. IY-ST-ZIP **BOCA RATON FL 33428** ☐ Change ☐ Delete ารู้ทน TITLE **√**NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME · MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2iP CITY-ST-ZIP ☐ Change , 🔲 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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** 

IIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

561)4.77-054C