

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90094 001 *1,050.00

DOCUMENT # P97000105079

1. Entity Name

CONTROL UAF, INC.

Principal Place of Business

C/O BRUCE JAY TOLAND, P.A.
 801 BRICKELL AVENUE #1501
 MIAMI FL 33131

Mailing Address

C/O BRUCE JAY TOLAND, P.A.
 801 BRICKELL AVENUE #1501
 MIAMI FL 33131

2. Principal Place of Business

c/o Bruce Jay Toland PA

Suite, Apt. #, etc.

80 SW 8 Street #1920

City & State
 Miami, Florida

Zip
 33130

Country
 Miami-Dade

3. Mailing Address

c/o Bruce Jay Toland PA

Suite, Apt. #, etc.

80 S.W. 8 Street, #1920

City & State
 Miami, Florida

Zip
 33130

Country
 Miami-Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0906583**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TOLAND, BRUCE JAY ESQ
 801 BRICKELL AVE
 SUITE 1501
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
 Bruce Jay Toland PA
 Street Address (P.O. Box Number is Not Acceptable)
 80 SW 8 Street #1920

City **Miami** **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **ALLINDER, EVERETT**
 STREET ADDRESS **801 BRICKELL AVE, #1501**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☐ Delete
 NAME **EVANS, JIM**
 STREET ADDRESS **801 BRICKELL AVE, #1501**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Change ☐ Addition
 NAME **Mauricio Mesa**
 STREET ADDRESS **c/o Bruce Jay Toland PA**
 CITY-ST-ZIP **80 SW 8 St., #1920, Miami, FL 33130**

TITLE **VP** ☐ Change ☐ Addition
 NAME **Jim Evans**
 STREET ADDRESS **c/o Bruce Jay Toland, PA**
 CITY-ST-ZIP **80 SW 8 St., #1920, Miami, FL 33130**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jim Evans, Vice President

Date

Daytime Phone #

CR2E034 (10/00)