

# 2001 UNIFORM BUSINESS REPORT (UBR)

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 Zip 33130 Country Miami-Dade

6. Name and Address of Current Registered Agent

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

3. Mailing Address  
c/o Bruce Jay Toland PA

Suite, Apt. #, etc.  
80 S.W. 8 Street, #1920

City & State  
Miami, Florida

4. FEI Number 65-0906583  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

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 Zip Code FL

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLUNDER, EVERETT 801 BRICKELL AVE, #1501 MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Mauricio Mesa c/o Bruce Jay Toland PA 80 SW 8 St., #1920, Miami, FL 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, JIM 801 BRICKELL AVE, #1501 MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jim Evans c/o Bruce Jay Toland, PA 80 SW 8 St., #1920, Miami, FL 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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

305  
4/3/01

Date

Daytime Phone #

CR2E034 (10/00)