2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P98000 ŘŘÝVÍII, INC.	013785		FILED			
Principal Place of Business C/O AFFORDABLE LANDMARKS. INC. 1130 WASHINGTON AVENUE 4TH FLOOR MIAMI BEACH FL 33139		Mailing Address C/O AFFORDABLE LANDMARKS, INC. 1130 WASHINGTON AVENUE 4TH FLOOR MIAMI BEACH FL 33139		SECRETARY OF STATE TALLAHASSEE FLORIDA			
2. Principal Place of Business		3. Mailing Address			İ		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
* City & State		City & State		4. FEI Number 65-0913428 Applied Fo Not Applica			
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent			
GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET				Name Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33130			City	FL Zip Code			
9. This corporate filling in	Signature, typed or printed name of registered ager pration is eligible to satisfy its Intangible requirement and elects to do so, ria on back) OFFICERS ANI	tend title if applicable. (NOTE FILE NOW! After MAY 1, 20 Make Check Payab	registered office or regis Registered Agent signature requility FEE IS \$150.00 Tee will be \$550.00 to Department of S	10. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SALAND, ROBERT F 1130 WASHINGTON AVENUE - MIAMI BEACH FL 33139 VSD ROJO, FRANCISCO 1130 WASHINGTON AVENUE - MIAMI BEACH FL 33139	☐ Delete 4TH FLOOR ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addi			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition		
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby of	pertify that the information supplied wit	☐ Delete h this filing does not qualify for	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in 1	Change Addi	nn .		
indicated of the corp	on this report or supplemental report i	is true and accurate and that mo powered to execute this report a	w eignatura ehall hava th	he same legal effect as if made under oath; that I am an officer or direct 607, Florida Statutes; and that my name appears in Block 11 or Block 12	tor 1		