

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90152 031 \*\*\*150.00

DOCUMENT # P98000029997

1. Entity Name
REGISTERED AGENT CORPORATION

Principal Place of Business
1665 SO BAYSHORE DRIVE
MIAMI FL 33133
Mailing Address
1665 SO BAYSHORE DRIVE
MIAMI FL 33133-4213

C0008020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 3. Mailing Address, 4. FEI Number 65-0835816, 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SALOMON, WARREN M
1665 SO BAYSHORE DRIVE
MIAMI FL 33133

7. Name and Address of New Registered Agent
Name, Street Address, City, 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. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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

Table with 2 main columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, 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 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], SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date 12 JAN 00, Daytime Phone #

CR2E034 (9/99)