2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000030873 1. Entity Name						,	ILED		
,	PERTIES, INC.					DIVISION OF	RY OF STATE	I E	
						OL MAY 21	TONI ONA	10115	
Principal Place of Business Mailing Address						01 MAY 31	PH 4:4	9	
SUITE 703		2665 S BAYSHORE DRIVE SUITE 703 MIAMI FL 33133				1 148 (158) (18 18 18 18 18 18 18 18	8:28 (3)(3 83)(3 (3 0 (3))	(129)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
City & State		City & State			4. (E! Number 65-0830806		Applied For	
Zip	Country	Zip	Country	у	5. (Certificate of Status Desired	\$8.75 A Fee Requi		
	6. Name and Address of Current Ro	egistered Agent			7. N	Name and Address of New Registe	ered Agent		
WORLD CORPORATE SERVICES, INC 2665 S BAYSHORE DRIVE SUITE 703				Name					
				Street Addres	s (P.O. E	3ox Number is Not Acceptable)		<u></u>	
	All FL 33133		-	City			FL Zip Co	ode	
8 The above	named entity submits this statement for t	he nurnose of changing its red	aistered	1 office or regis	tered an	ent, or both, in the State of Florida			
	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS			instating) I	DATE \$5 .	.00 May Be	
•	requirement and elects to do so. ria on back)	•	, 2001 Fee will be \$550.00 yable to Department of State			Trust Fund Contribution.	☐ Ådd	ed to Fees	
11.	OFFICERS AND D		12.	1 1		DITIONS/CHANGES TO OFFICERS P/T/S			
TITLE NAME STREET ADDRESS	DPV COHEN, JERROLD 8600 E ROCKCLIFF RD	☐ Delete	TITLE NAME STREET	- 1	-	, Jerrold E. Rockcliff Road	K Change	e ☐ Addition	
CITY-ST-ZIP .	TUCSON AZ 83750		CITY-S	iT-ZIP	rucso	n, AZ 83750			
TITLE NAME	PTS COHEN, JERROLD	KI Delete	TITLE NAME			8000044 3 -06/19/01	□ Change 3 087 5 0117-	33	
STREET ADDRESS CITY-ST-ZIP	8600 E ROCKCLIFFE RD TUCSON AZ 83750		CITY-S	ADDRESS IT-ZIP		***1267.		150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS POLANSKY, MITCHELL 2665 S BAYSHORE STE 703 MIAMI FL 33133	□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		1	☐ Change	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	(ADDRESS ST-ZIP		180/11	☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	e ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	☐ Delete	CITY-S	I			☐ Change		
13. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplementations or its in poration or the receiver or tradice empower, or on an attachment with an address with	nis filing does not qualify for the rue and sectifate and that my loved to execute this report as the allother like empowered.	e exem signatu require	ption stated in re shall have the d by Chapter	Section ne same 607, Flori	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; i da Statutes; and that my name app	er certify that the hat I am an offic ears in Block 11	e information er or director or Block 12 if	

Mitchell S. Polansky 4/26/01 (305) 858-9900

Date

Daytime Phone #