

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90102 047 \*\*\*150.00

**DOCUMENT # P98000039663**

1. Entity Name  
**8000 MANAGEMENT, INC.**

Principal Place of Business <b>2500 NORTH MILITARY TRAIL          SUITE 200          BOCA RATON FL 33431</b>	Mailing Address <b>2500 NORTH MILITARY TRAIL          SUITE 200          BOCA RATON FL 33431</b>
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2. Principal Place of Business <b>101 Pineapple Grove Way</b> Suite, Apt. #, etc.	3. Mailing Address <b>101 Pineapple Grove Way</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Delray Beach, FL</b>	City & State <b>Delray Beach, FL</b>
Zip <b>33444</b>	Country

4. FEI Number <b>65-0831899</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FRICKE, HENRY A**  
**2500 NORTH MILITARY TRAIL**  
**SUITE 200**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name  
**Fricke, Henry A., Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**101 Pineapple Grove Way**

City  
**Delray Beach**      **FL**      Zip Code  
**33444**

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: *Henry A. Fricke*      **Henry A. Fricke, Esq.**      **3/1/02**  
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>PUGLIESE, ANTHONY V III</b> <b>2500 NORTH MILITARY TRAIL, SUITE 200</b> <b>BOCA RATON FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>FRICKE, HEARY A</b> <b>2500 MILITARY TRAIL STE 200</b> <b>BOCA RATON FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Pugliese, Anthony V. III</b> <b>101 Pineapple Grove Way</b> <b>Delray Beach, FL 33444</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Fricke, Henry A.</b> <b>101 Pineapple Grove Way</b> <b>Delray Beach, FL 33444</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NOTE: Change of addresses only.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Henry A. Fricke*      **Henry A. Fricke**      **3/1/02**      **561-330-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

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CR2E034 (9/01)