FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## Feb 20, 2001 8:00 am DOCUMENT # **P98000045963 Secretary of State** DECARLO & COMPANY, P.A. CERTIFIED PUBLIC ACCOUNT 02-20-2001 90083 005 \*\*\*150.00 Principal Place of Business Mailing Address 1001 BRICKELL BAY DRIVE 1801 BRICKELL BAY DRIVE 1404 719297 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 1101 Brickell Ave Suite, Apt. #, etc. # 310115 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 310115 City & State City & State 4. FEI Number Applied For 65-0837588 Florida MIAMI Not Applicable Missi - DADE \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michael A. Velando, Jr DECARLO, MICHAEL A JR. 1001 BRICKELL BAY DRIVE 1404 MIAMLEL 33131 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. CR2E034 (10/00) TITLE Delete Michael A. Dolando, Jr 1001 Bridell Ave # 310115 DECARLO, MICHAEL A JR. NAME STREET ADDRESS 1001 BRICKELL BAY DR., #1404 STREET ADDRESS Miam, FZ. 33231 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Delete ☐ Addition TITLE TITLE DECARLO, MICHAEL A JR NAME NAME STREET ADDRESS STREET ADDRESS 1001 BRICKELL BAY DR., #1404 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.