2001 UNIFORM BUSINESS REPORT (UBR)

2001	UNII	ORM BUS	INESS RE	EPORT	(UBR))	FIL	ED			010406
DOCUMENT # P98000065366 1. Entity Name							Jan 22, 2001 8:00 am Secretary of State			ım E	
TURI, INC	Ú,						01-22-2001 900				
Principal Place 3809-17 NW 9TH FT LAUDERDALI US	H AVE		Mailing Address 1726 ROOSEVELT : HOLLYWOOD FL 3: US				U U O 4		. b (1) { .1 (1)		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, et	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. F	El Number 65-0855155			olied For Applicable]	
Zip	···-	Country	Zip .	Co	untry	5. C	Certificate of Status Desired		8.75 Addit	tional	
	6. Name	and Address of Curren	l t Registered Agent			7. N	lame and Address of New Re			a company	1
	-				Name						
URIE, THERESA 1726 ROOSEVELT ST HOLLYWOOD FL 33020					Street Add	Street Address (P.O. Box Number is Not Acceptable)					
HQLI	LYWUOD FI	_ 33020									1
					City			FL	Zip Code		
8. The above	named entity	submits this statement t	for the purpose of char	nging its regist	ered office or re	egistered ag	ent, or both, in the State of Flor	ida.			
			•								
SIGNATURE ,	Signature, typed	or printed name of registered ager	nt and title if applicable.	(NOTE: Regist	ered Agent signature	required when re	einstating)	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 \$150.0 After MAY 1, 2001 Fee will be \$5 Make Check Payable to Department			0.00	10. Election Campaign Fina Trust Fund Contribution			May Be to Fees	
11.		OFFICERS AND			2.		L DITIONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	IN 11	1
TITLE	D		☐ De	fete T	TILE				Change	Addition	3
NAME STREET ADDRESS CITY-ST-ZIP		eresa Osevelt St Ood FL 33020		s	IAME TREET ADDRESS TTY-ST-ZIP						1004 (40
TITLE NAME STREET ADDRESS	HOLETTIC	00 12 00020	☐ De	Ŋ	TITLE NAME STREET ADDRESS	,			☐ Change	Addition	٤
CITY-ST-ZIP				d	CITY-ST-ZIP						
TITLE NAME STREET ADDRESS			□ De	N	ITLE NAME STREET ADDRESS				☐ Change	☐ Addition	'
CITY-ST-ZIP			415	C	CITY-ST-ZIP						1
TITLE NAME			☐ De	٨	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP						}
TITLE	<u> </u>		□ De		TITLE				☐ Change	Addition	1
NAME					NAME						1
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP	 -		De		DITY-ST-ZIP				☐ Change	☐ Addition	+
TITLE NAME			LJ De	-	NAME						
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP	portify that the	o information supplied	ith this filing does not :		CITY-ST-ZIP	d in Section	119.07(3)(i), Florida Statutes. I	further certif	v that the in	formation	+
is. Thereby	cermy mat in	е впопнавон зарряес w	iai ana maiy uuto nut	quanty for the t			, c., , , , i o i i a a o i a i a i a i		,		- 1

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/(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: THERESA URIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN