## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # **P98000091380** 1. Entity Name THE DOWNBEAT CLUB, INC. 05-03-2001 90926 036 \*\*\*150.00 Principal Place of Business Mailing Address 623 NW 15TH WAY 623 NW 15TH WAY FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address 2311W Hime DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number 59-1092048 Not Applicable Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MYERS, MARY L 623 NW 15TH WAY FORT LAUDERDALE FL 33311 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. (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition TITLE Change ☐ Delete TITLE MYERS, PERRY NAME NAME STREET ADDRESS STREET ADDRESS 1811 NW 9TH PL CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Addition ☐ Delete TITLE Change TITLE NAME MYERS, ALBERT NAME STREET ADDRESS STREET ADDRESS 3830 NW 27TH ST CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME MYERS, MARY L NAME STREET ADDRESS STREET ADDRESS 3830 NW 27TH ST CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 Change Addition □ Delete TITLE NAME MYERS, GEORGE NAME STREET ADDRESS STREET ADDRESS 1504 NW 8TH CT CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33311 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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's 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.

CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTE

CITY-ST-7IP

MATURE AND TYPED OR PRINTED HOME OF SIGNING OFFICER OR DIRECTOR

4-30-01

(954) 731-8063

Daytime Phone #