

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90296 026 ***150.00

DOCUMENT # P99000009894

1. Entity Name

THE GENERALIST, INC.

Principal Place of Business

**400 HENDRICKS ISLE, DOCK 4
FT LAUDERDALE FL 33301**

Mailing Address

**400 HENDRICKS ISLE, DOCK 4
FT LAUDERDALE FL 33301**

2. Principal Place of Business

209 HENDRICKS ISLE

3. Mailing Address

PMB 390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2400 E. LAS OLAS BLVD

City & State

FT. LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL.

Zip
33301

Country

BROWARD

Zip
33301

Country

BROWARD.

6. Name and Address of Current Registered Agent

**HOWAI, SUSAN
400 HENDRICKS ISLE, DOCK 4
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

SUSAN HOWAI

Street Address (P.O. Box Number is Not Acceptable)

209 HENDRICKS ISLE

FORT LAUDERDALE

City

FL

Zip Code

33301

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

Susan Howai

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	HOWAI, SUSAN	
STREET ADDRESS	400 HENDRICKS ISLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANDLES, ROBERT	
STREET ADDRESS	400 HENDRICKS ISLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN HOWAI	
STREET ADDRESS	209 HENDRICKS ISLE	
CITY-ST-ZIP	FORT LAUDERDALE, FL, 33301	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT HANDLES	
STREET ADDRESS	209 HENDRICKS ISLE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Susan Howai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/01 (954) 462-0226

Date

Daytime Phone #

CR2E034 (10/00)