

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
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2. Principal Place of Business 209 HENDRICKS ISLE Suite, Apt. #, etc.	3. Mailing Address PMB 390 Suite, Apt. #, etc. 2400 E. LAS OLAS BLVD
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City & State FT. LAUDERDALE, FL	City & State FORT LAUDERDALE, FL.	4. FEI Number 31-1630954	Applied For Not Applicable
Zip 33301	Country BROWARD	Zip 33301	Country BROWARD.



DO NOT WRITE IN THIS SPACE

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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HOWAI, SUSAN 400 HENDRICKS ISLE FORT LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete HANDLES, ROBERT 400 HENDRICKS ISLE FORT LAUDERDALE FL 33301
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	P <input type="checkbox"/> Change <input type="checkbox"/> Addition SUSAN HOWAI 209 HENDRICKS ISLE FORT LAUDERDALE, FL, 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT HANDLES 209 HENDRICKS ISLE FORT LAUDERDALE, FL 33301
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
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: *Susan Howai* **01/27/01** **(954)462-0226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)