## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900015773  1. Entity Name TURNAROUND GROUP, INC.						FILED 01 JAN 17 PM 12: 33					
		· I - · · · · · · · · · · · · · · · · ·									- 1
2. Principal Pl	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			1	4. FEI Number 65-0896144 Applied For Not Applicate				·	
Zip Country		Zip	Countr		5. Certif		tatus Desired		8.75 Add		
	6. Name and Address of Current	Registered Agent	<u> </u>			7. Name and Add	iress of New Reg				
MILLER, DOROTHY 10705 SW 216TH ST, SUITE D202 MIAMI FL 33170				Name GE Street A	RALD ddress (P.0 510	L, CAL O Box Number is BEL AIR	DERHEA Not Acceptable) EDA		Zip Code		
	•			$\underline{\hspace{0.5cm}}$	Ami			FL	Zip Code	157	
SIGNATURE A	named entity submits this statement for signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signate	ura required wh	d agent, or both, in	the State of Florid				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!  After MAY 1, 20  Make Check Payab			001 Fee	will be \$5	50.00	Trust Fo	n Campaign Finar und Contribution.	ncing		May Be to Fees	
11.	OFFICERS AND		12.	-	80-0	ADDITIONS/CHA			DIRECTORS  Change		6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLEIN, JOAN M 19901 SW 103 AVE MIAMI FL 33157	👿 Delete		E E Et address - St-Zip	19510	DENT &	e Dre	0	Criange	Addition	RZE034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DOROTHY P O BOX 700613 N/A MIAMI FL 33170	<b>∑</b> Delete	TITLE NAM STRE		TREAS DIANG 19510	TMIFL 3 SUNER 6 6 M TRA OBEL AIR TMI, FL 3	DRECTO.	<b>E</b> [	Change	<b>Æ</b> Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D & V.PILES HARRIS, BRYAN 19510 BEL AIRE DRIVE MIAMI FL 33157	☐ Delete			SECRI DENI 1951	ETARY NIS W TRO O BEL AN	es Dr	[	Change	Addition	-G
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HEAD Delor	TITLI NAM STRE	<u> </u>	111174	<i>mı, F-3</i> ;		181 [010	Change 7500 ***150	Addition 6	A Contraction
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER & DIA DIANE TRACY 19510 BEL AIR DR	Delete Delete				.i .	*************************************			Addition	- <del>-</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DENNIS TRACY SEC & DIRECTER 19810 BEZ AIRE D MI AMI EL 231	n.						į	Change	☐ Addition	
indicated of the cor changed,	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that i cowered to execute this report	my signa t as requi	ture shall h	ave the sa apter 607, I	ame legal effect as Florida Statutes; ar	if made under oa nd that my name :	th; that I am appears in	n an officer Block 11 or	or director	
SIGNAT	URE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	TOR	RLAS	chrit	/-/6- C	2/ (30) Day	25	<u>5-27/</u> 8	