

**2000 UNIFORM BUSINESS REPORT (UBR)**

7/3

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90007 050 \*\*\*150.00  
 08-21-2000 90204 023 \*\*\*400.00

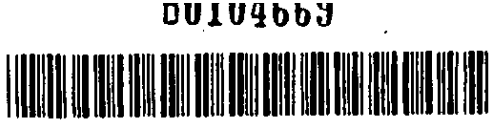
**DOCUMENT # P99000015862**

1. Entity Name  
**PAUL E. THOMPSON, INC.**

Principal Place of Business <b>2320 SW 31ST AVE. MIAMI FL 33145-3102</b>	Mailing Address <b>2320 SW 31ST AVE. MIAMI FL 33145-3102</b>
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2. Principal Place of Business <b>2524 SW 25 AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>2524 SW 25 AVE</b> Suite, Apt. #, etc.
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>33133</b>	Country <b>USA</b>	Zip <b>33133</b>	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**THOMPSON, PAUL E**  
**2320 SW 31ST AVE.**  
**MIAMI FL 33145-3102**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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: [Signature] DATE: April 29, 2000  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>THOMPSON, PAUL E</b> <b>2320 SW 31ST AVE.</b> <b>MIAMI FL 33145-3102</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2524 SW 25 AVE</b> <b>MIAMI FL 33133</b>	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] **SIGNATURE REQUIRED** DATE: 4/29/00 DAYTIME PHONE #: 305 885-1552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR