## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000020948 Feb 01, 2000 8:00 am Secretary of State DOUTHIT LAW FIRM, P.A. 02-01-2000 90031 049 \*\*\*150.00 Mailing Address Principal Place of Business 10800 BISCAYNE BLVD., STE. 950 10800 BISCAYNE BLVD., STE. 950 MIAMI FL 33161-7490 **MIAMI FL 33161** Principal Place of Business 3. Mailing Address sso ne Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 25-0910010 Not Applicable MOMCountry \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOUTHIT, MARC ANTHONY ESQ 10800 BISCAYNE BLVD., STE. 950 MIAMI FL 33161 FL Zin Code its registered office or registered agent, or both, in the State of Florida. 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, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. **PVST** Change Addition ☐ Delete TITLE DOUTHIT, MARC ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 10800 BISCAYNE BLVD., STE. 950 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33161** ☐ Change ☐ Addition ☐ Delete TITLE TITLE DOUTHIT, MARC ANTHONY NAME NAME STREET ADDRESS 10800 BISCAYNE BLVD., STE. 950 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33161** D. Delete TITLE \_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS 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