

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033011

1. Entity Name
CILLDARA, INC.

Principal Place of Business: **217 N.E. 2ND STREET FORT LAUDERDALE FL 33301**

Mailing Address: **217 N.E. 2ND STREET FORT LAUDERDALE FL 33301-1037**

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90205 034 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**RATHBURN, PATRICIA A
217 N.E. 2ND STREET
FORT LAUDERDALE FL 33301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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. (See criteria on back)

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: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GREGORY, JAMES		NAME: _____	
STREET ADDRESS: 217 N.E. 2ND STREET		STREET ADDRESS: _____	
CITY-ST-ZIP: FORT LAUDERDALE FL 33301		CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GREGORY, MARTINA		NAME: _____	
STREET ADDRESS: 217 N.E. 2ND STREET		STREET ADDRESS: _____	
CITY-ST-ZIP: FORT LAUDERDALE FL 33301		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		NAME: Assistant Secretary	
STREET ADDRESS: _____		STREET ADDRESS: PATRICIA A. RATHBURN	
CITY-ST-ZIP: _____		CITY-ST-ZIP: 217 N.E. 2nd Street	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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: *[Signature]* DATE: **4-24-00** Daytime Phone #: **954 704 6169**

PATRICIA A. RATHBURN, Assistant Secretary

CR2E034 (9/99)