## D613900

## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 01, 2001 8:00 am Secretary of State

DOCUMENT # P9900041999		/	06-19-2001 90009 023 ***150.00 08-01-2001 90009 027 ***400.00		
Principal Place of Business Mailing Address  5692 B. FOX HOLLOW DR. 5692 B. FOX HOLLOW DR. BOCA RATON FL 33486  BOCA RATON FL 33486			DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 1601 FORUM Place Suite, Apt. 4, etc. 50116 1101	1 Forum Place 1601 Forum Place suite, Apt. 11, etc. Suite 1101 Suite 1101				
City & State West Palm Beach, FL Zip   Country	City & State WCS+ Ravu Zig 2110:	Beach, FL Country	4. FEI Number 65-093	\$9.75	Applied For Not Applicable
Zip Country USA 6. Name and Address of Current	33401	Country	Certificate of Status Desir     Name and Address of N	Fee Requir	red
MOISIO, JAANA T 5692 B. FOX HOLLOW DR. BOCA RATON FL 33486		1601 Fo	IA T. MOIS.  (P.O. Box Number is Not Acception PIGCE / SU)	rable) +e: 1/01	
The above named entity submits this statement for	or the purpose of changing its re		FAIM BCach red agent, or both, in the State	FL Zig Co	Ö,
SIGNATURE Signature, typed or printed name of registered agont	and title if applicable. {NOTE;	Registered Agent signsture require	d when reinstating)	DATE	· [
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   (See Criteria on back)	After MAY 1, 200	! FEE IS \$150.00 ! Fee will be \$550.00 e to Department of Sta	10. Election Campaig Trust Fund Contri		00 May Be ed to Fees
11. OFFICERS AND	DIRECTORS  Delete	TITLE DPV	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	
MOISIO, JAANA T STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33486	Li Deige	NAME Mai	sio, deana T. Forum Place/suire Rum Beach, FL	Hot	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition .
TITLE NAME STREET ACORESS GITY-ST-ZIP	Oekte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	* 🗖 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Celeta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	C Oslete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
13. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee empchanged, or on an attachment with an address, SIGNATURE:	owered to execute this report a	is required by Chapter 60	r, Florida Statutes; and that my	ites. I further certify that the ider oath; that I am an office name appears in Block 11	information er or director or Block 12 if