FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P9900053006 BASSO, GROSS & FRIED, P.A. 04-24-2001 90041 029 \*\*\*150.00 Principal Place of Business Mailing Address 3471 N. FEDERAL HIGHWAY 3471 N. FEDERAL HIGHWAY SUITE 310 SUITE 310 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0925617 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSS, DANIEL T Street Address (P.O. Box Number is Not Acceptable) 3471 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33306 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 CR2E034 (10/00) ☐ Delete TITLE ☐ Change Addition TITI F GROSS, DANIEL T NAME NAME 3471 N. FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE BASSO, LLOYD M NAME NAME STREET ADDRESS 3471 N. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F FRIED, STEVEN M NAME NAME 3471 NORTH FEDERAL HIGHWAY SUITE 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the informat

in 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 mental 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 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 the anjiddy ss, with all other like empowered. of the corporation or the rece changed, or on an attachme SIGNATURE:

indicated on this report or sup