2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

FILED Mar 15, 2001 8:00 am Secretary of State DOCUMENT # P99000056100 **NEALE & DE ALMEIDA. P.A.** 03-15-2001 90207 002 ***150.00 Principal Place of Business Mailing Address 221 WEST OAKLAND PARK BLVD 221 WEST OAKLAND PARK BLVD FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 \mathbf{U} 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0930218 Not Applicable Zip Country Zip 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 Name NEALE, THOMAS Street Address (P.O. Box Number is Not Acceptable) 221 WEST OAKLAND PARK BLVD FORT LAUDERDALE FL 33311 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME **NEALE, THOMAS E** NAME STREET ADDRESS 1460 LAKEVIEW CIRCLE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE ☐ Delete ☐ Change [] Addition DE ALMEIDA, DOUGLAS NAME NAME STREET ADDRESS 3159 PEACHTREE CIRCLE STREET ADDRESS CITY-ST-7/P **DAVID FL 33328** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 divistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

deAlmeida

3/12/01

954-565-3398

Daytime Phone #