

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90256 008 \*\*\*158.75

**DOCUMENT # P99000058350**

1. Entity Name  
**2.54 GROUP, INC.**

Principal Place of Business  
**12195 QUAIL ROOST DR., BLDG. #3**  
**MIAMI FL 33176**

Mailing Address  
**12195 QUAIL ROOST DR., BLDG. #3**  
**MIAMI FL 33176**

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 **65-1000324**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**JONES, LARRY D**  
**12195 QUAIL ROOST DR., BLDG. #3**  
**MIAMI FL 33176**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

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, 2002 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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COHEN, EDWARD J</b>	
STREET ADDRESS	<b>12195 QUAIL ROOST DR., BLDG. #3</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, LARRY D</b>	
STREET ADDRESS	<b>12195 QUAIL ROOST DR., BLDG. #3</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, RAYMOND</b>	
STREET ADDRESS	<b>12195 QUAIL ROOST DR., BLDG. #3</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MC DONALD, IRVING</b>	
STREET ADDRESS	<b>12195 QUAIL ROOST DR., BLDG. #3</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARRY D JONES</b>	
STREET ADDRESS	<b>11700 S.W. 197th</b>	
CITY-ST-ZIP	<b>Miami 33177</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RACHEL R. SMITH</b>	
STREET ADDRESS	<b>16811 S.W. 115 Ave</b>	
CITY-ST-ZIP	<b>Miami 33157</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry D Jones* **4/29/02** **305-233-3364**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)