FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # **P99000069447** 1. Entity Name 05-15-2001 90167 048 ***150.00 BARBARA L. SADAKA, P.A. Principal Place of Business Mailing Address 80 S.W. 8TH STREET 80 S.W. 8TH STREET RUUUFF **SUITE 1720 SUITE 1720** MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3900 N. 42nd Terrace 3. Mailing Address Terrace 3900 N.42nd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0939033 tollywood to lly wood Not Applicable Country Country \$8.75 Additional usA 330 21 3 3021 5. Certificate of Status Desired usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SADAICA BARBARA SADAKA, BARBARA L Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8TH STREET **SUITE 1720 MIAMI FL 33130** City Hollywood Zip Code オオロス/ 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) 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 OFFICERS AND DIRECTORS 12, 11. Change Delete TITLE Addition TITLE SADAWA, BARBARA L. NAME SADAKA, BARBARA L NAME 3900 N. 42 nd Terrace STREET ADDRESS STREET ADDRESS 80 S.W. 8TH STREET, SUITE 1720 33021 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33130** 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ 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