

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082554

1. Entity Name

FIFTY ONE GROUP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90033 013 ***150.00

Principal Place of Business

7000 ISLAND BLVD., APT. 2710
 WILLIAMS ISLAND FL 33160

Mailing Address

7000 ISLAND BLVD., APT. 2710
 WILLIAMS ISLAND FL 33160-2475

2. Principal Place of Business

4000 ISLAND BLVD

Suite, Apt. #, etc.

1602

City & State

Miami, Florida

Zip

33160

Country

US

3. Mailing Address

4000 ISLAND BLVD

Suite, Apt. #, etc.

1602

City & State

Miami, Florida

Zip

33160

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0949689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, JOHNATHAN LEE
 7000 ISLAND BLVD., APT. 2710
 WILLIAMS ISLAND FL 33160

7. Name and Address of New Registered Agent

Name

Shawnathan Lee Robertson

Street Address (P.O. Box Number is Not Acceptable)

4000 ISLAND BLVD, #1602

City

Miami

FL

Zip Code

33160

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

Shannon W. Robertson

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, JOHNATHAN LEE	
STREET ADDRESS	7000 ISLAND BLVD., APT. 2710	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, SHANNON WEBB	
STREET ADDRESS	7000 ISLAND BLVD., APT. 2710	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input 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:

Shannon W. Robertson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SHANNON WEBB ROBERTSON

2-10-00

Date

305-935-1810

Daytime Phone #

CR2E034 (9/99)