

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000083612**

1. Entity Name

CONVENIENCE DEVELOPMENT CORP.**FILED**
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90001 037 ***558.75

0083430 AV

Principal Place of Business
2909 S OCEAN BLVD
SUITE 3-D
BOCA RATON FL 33487-1819

Mailing Address
2909 S OCEAN BLVD
SUITE 3-D
BOCA RATON FL 33487-1819

A0080263

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number | | 5. Certificate of Status Desired | |
| NOT APPLICABLE | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Applied For | | Not Applicable | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | 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

| | | |
|--|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------|---|--|
| TITLE | PSD | TITLE | |
| NAME | SANTICOLA, RONALD P | NAME | |
| STREET ADDRESS | 2909 S OCEAN BLVD, SUITE 3-D | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33487-1819 | CITY-ST-ZIP | |
| TITLE | VTD | TITLE | |
| NAME | SANTICOLA, DARCEE J | NAME | |
| STREET ADDRESS | 2909 S OCEAN BLVD, SUITE 3-D | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33487-1819 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/31/01 (561) 274-4261

Date

Daytime Phone #

CR2E034 (5/01)