

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA90000000444

1. Entity Name
PH 6- Rayos, Inc.

Principal Place of Business Mailing Address
2665 S. Bayshore Drive, Ste 202 2665 S. Bayshore Dr, Ste 202
Miami, FL 33131 Miami, FL 33131

FILED
01 JAN 26 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
9400 S. Dadeland Blvd 9400 S. Dadeland Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100 Suite 100
City & State City & State
Miami Florida Miami Florida
Zip Country Zip Country
33156 USA 33156 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Green, Patricia K
2200 Museum Tower
150 West Flagler Street
Miami, FL 33130

4. FEI Number Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
700003623837-9
-02/02/01-01012-015
City ****158. FL ****158.75

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) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Wolbson, Louis III</u> <u>2665 S. Bayshore Dr, #202</u> <u>Coconut Grove, FL 33133</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Wohl, Michael D</u> <u>2665 S. Bayshore Dr, #202</u> <u>Coconut Grove, FL 33133</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Deutch, David O</u> <u>2665 S. Bayshore Dr, #202</u> <u>Coconut Grove, FL 33133</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Friedman, Mitchell</u> <u>2665 S. Bayshore Dr, #202</u> <u>Coconut Grove, FL 33133</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>9400 S. Dadeland Blvd, #100</u> <u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>9400 S. Dadeland Blvd, #100</u> <u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>9400 S. Dadeland Blvd, #100</u> <u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>9400 S. Dadeland Blvd, #100</u> <u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David O. Deutch 1/24/01 (305) 854-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/100)

SP