

DOCUMENT # P99000089922


FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90106 041 ***150.00

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AUUBU364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 2655 LeJeune Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 804 Gables International Plaza		DO NOT WRITE IN THIS SPACE	
City & State		City & State Coral Gables, Florida		4. FEI Number 65-0957973	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		33134	Miami-Dade		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KATES, LESTER G ESQ. 2655 LEJEUNE ROAD 807 GABLES INTERNATIONAL PLAZA CORAL GABLES FL 33134	Name LESTER G. KATES
	Street Address (P.O. Box Number is Not Acceptable) 804 Gables International Plaza
	2655 LeJeune Road
	City Coral Gables <div style="float: right;"> FL Zip Code 33134 </div>

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 co.)

GATE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST GREEN, BRUCE 1375 N.W. 97TH AVENEU - BAY #5 MIAMI FL 33172 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (10/00)