## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 04, 2000 8:00 am Secretary of State DOCUMENT # **P99000105920** 1. Entity Name DICK DAVIS NEWSLETTER, INC. 05-04-2000 90224 018 \*\*\*150.00 Mailing Address Principal Place of Business 2881 E. OAKLAND PARK BLVD. 2881 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33061-1824 FORT LAUDERDALE FL 33061-1824 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0970436 Not Applicable Country' \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Merkle & Magri, P.A. BREIT, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 5510 W. LaSalle St. 3111 STIRLING ROAD FORT LAUDERDALE FL 33312 Joe Magri Zip Code 33607 City Tampa 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. April 27, 2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable TILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Addition P.M.D ☐ Change Delete TITI F TITLE Donald E. Hanrahan HALPERN, STEVEN NAME NAME STREET ADDRESS 2881 E. OAKLAND PARK BLVD. 77 Roton Avenue STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33061-1824 CITY-ST-ZIP Rowayton, CT 06853 ☐ Change X Addition S,T ☐ Delete TITLE TITLE NAME NAME Leonard H. Habas STREET ADDRESS STREET ADDRESS 250 Carolina #407-B CITY-ST-ZIP CITY-ST-ZIP Winter Park, FL-32789 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete 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)(f). 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 redeiver 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 attach with an approach, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED