

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91340 013 ***150.00

00054238

DO NOT WRITE IN THIS SPACE

DOCUMENT # 551105
1. Entity Name
27-27 CAPITAL CORPORATION

Principal Place of Business <u>1325 SE THIRD AVENUE</u> <u>FORT LAUDERDALE, FL 33316</u> <u>US</u>	Mailing Address <u>1325 SE THIRD AVENUE</u> <u>FORT LAUDERDALE, FL 33316</u> <u>US</u>
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2. Principal Place of Business <u>1323 SE THIRD AVENUE</u> Suite, Apt. #, etc.	3. Mailing Address <u>1323 SE THIRD AVENUE</u> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <u>65-0292262</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LOVING, JACK R.
1323 SE THIRD AVENUE
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City <u>FL</u> 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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME <u>DP</u> <u>PHIPPS, PATRICIA B.</u>	
STREET ADDRESS <u>1325 SE THIRD AVENUE</u>	
CITY-ST-ZIP <u>FORT LAUDERDALE, FL 33316</u>	
TITLE	<input type="checkbox"/> Delete
NAME <u>S</u> <u>BATES, BRETTE B</u>	
STREET ADDRESS <u>1325 SE THIRD AVENUE</u>	
CITY-ST-ZIP <u>FORT LAUDERDALE, FL 33316</u>	
TITLE	<input type="checkbox"/> Delete
NAME <u>H</u> <u>HOOTON, ZADA D</u>	
STREET ADDRESS <u>1325 SE THIRD AVENUE</u>	
CITY-ST-ZIP <u>FORT LAUDERDALE, FL 33316</u>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>1323 SE THIRD AVENUE</u>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>1323 SE THIRD AVENUE</u>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>1323 SE THIRD AVENUE</u>	
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: Patricia B. Phipps 4/23/2001 828-4527861
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)