2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2000 8:00 am

DOCUMENT # \$53357 1. Entity Name

CAMELOT SQUARE, INC.					retary 01 3-2000 90050 013		
Principal Place of Business 2900 N.W. 47TH TERRACE SUITE 301 FT LAUDERDALE FL 33313 US		Mailing Address 2900 N.W. 47TH TERRACE STE. 301 FT. LAUDERDALE FL 33313-1746 US		1 (53)(5)0 (6) (6)	IIAN 1120 AIJIL JORG AZAN DIRJI I	IZAZI BIAIX BIBI	a Andri Atti
2. Principal Place of Business 12722 Tulipwood Cincle 12722 Tulipwood Suite, Apt. #, etc. 3. Mailing Address 12722 Tulipwood Suite, Apt. #, etc.					NOT WRITE IN THIS SP	ACE	
Boca Raton Florida Boca Raton			n, Honid	4. FEI Number 65	-0319400		plied For t Applicable
3342	8. Country	^{Zip} 33428	Country 4 5	5. Certificate of Status	Pesiled L. Fe	8.75 Add ee Required	
6. Name and Address of Current Registered Agent Name GRIEPER, S. BARRY 2900 N.W. 47TH TERRACE STE. 301 FT. LAUDERDALE FL 33313 7. Name and Address of New Registered Agent Name BARRY Street Address (P.O. Box Number is Not Acceptable) 12722 Tulywood C. Rc/2 City Boca Laton FL Zic Gode 2						28	
SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so.	nd title if applicable. (NOTE	registered office or region. Registered Agent signature requirements FEE IS \$150.00 Fee will be \$550.0 The to Department of	uired when reinstating) 10. Election Ca Trust Fund	DATE mpaign Financing Contribution.		O May Be to Fees
11.	OFFICERS AND I		12.		ES TO OFFICERS AND D	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS BLAKE, DEAN 533 NE 210 TERR N MIAMI BEACH FL	Delete	TITLE NAME STREET ADDRESS DITY-ST-ZIP			Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRIEPER, BARRY S. 2900 NW 47TH TERR., STE. 301 FT. LAUDERDALE FL	™ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rieper, BAR 2722 Tulipo DOCA RATON	ry wood Circl ,Florida	Change e 3342	Addition 8
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indicated of the con	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that m wered to execute this report a	ly signature shall have t as required by Chapter	he same legal effect as if ma	ade under oath: that I am	n an officer	or director

Daytime Phone #