

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S62165**

1. Entity Name

FITTIPALDI EXECUTIVE CENTER, INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90076 006 ***158.75

Principal Place of Business

**950 S. MIAMI AVE.
MIAMI FL 33130**

Mailing Address

**950 S. MIAMI AVE.
MIAMI FL 33130**

2. Principal Place of Business

1501 Collins Ave. #401

Suite, Apt. #, etc.

3. Mailing Address

1501 Collins Ave.

Suite, Apt. #, etc.

#401

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

Zip

33139

Country

Miami-Dade

6. Name and Address of Current Registered Agent

4. FEI Number

65-0270070

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 State10. Election Campaign Financing
Trust Fund Contribution.**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ DeleteNAME **FITTIPALDI, EMERSON**
STREET ADDRESS **950 SOUTH MIAM AVE**
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☐ DeleteNAME **DACRUZ, CARLOS**
STREET ADDRESS **450 S MIAMI AVENUE**
CITY-ST-ZIP **MIAMI FL 33130**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos da Cruz**04-27-01**

Date

305-672-3410

Daytime Phone #

CR2E034 (10/00)