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

## FILED Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # \$65989** CHOICE MANAGEMENT, INC. 04-16-2001 90478 047 \*\*\*150.00 Principal Place of Business Mailing Address 218 ROYAL PALM WAY P.O. BOX 2771 PALM BEACH FL 33480 PALM BEACH FL 33480 US US Principal Place of Business 3. Mailing Address 24 Royal Palm Wa Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 231 Applied For City & State City & State 4. FEI Number 52-1797579 Not Applicable \$8.75 Additional 5. Certificate of Status Desired usa---Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAISFIELD, MARC 218 ROYAL PALM WAY 324 Royal Palm Way, Ste. 231 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 City Zip Code FI 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 FILE 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00 TITLE **PDST** Delete TITLE HAISFIELD, MARC NAME NAME 324 Royal Palm Way, Ste. 231 STREET ADDRESS 218 ROYAL PALM WAY-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 TITLE Delete TITLE NAME HAISFIELD, TAMARA NAME 304 Ryal Palm Way, Ste. 231 STREET ADDRESS STREET ADDRESS 218 ROYAL PALM WAY CITY-ST-7IP CITY-ST-7IP PALM BEACH FL 33480 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITI F TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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)(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 trustre 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 ess, with all other like empowered

SIGNATURE: