2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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Sep 12, 2001 8:00 am DOCUMENT # V 04583 Secretary of State 1. Entity Name 09-12-2001 90021 029 ***158.75 CENTER FOR CORPORATE LEADERSHIP, INC. Mailing Address Principal Place of Business 606 N. OLIVE AVE 606 N. OLIVE AUE WEST PALM BEACH, FL WEST PALM BEACH, FL C0076422 33401 2. Principal Place of Business 3. Mailing Address 606 N. OLIVE AVE 606 N.OLIVE AVE. Suite, Apt. #, etc. First Floor Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE First Floor City & State Palm Beach, FL City & State Palm Beach, FL 4. FEI Number Applied For 650305421 Not Applicable 33401 Country US H \$8.75 Additional 33401 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOBERT N. HOCHBERG 220 ONONDAGA AVE Box Number is Not A PALM BEACH, FL 33480 City Beach 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 President N. HOCHBEAG ROBERT SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 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. PRESIDENT/SOLE DIRECTOR (5/01)TITLE TITLE Change ☐ Addition ROBERT N. HOCHBERG APT. 6A NAME NAME STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP-CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 reserver 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

FILED

CENTER FOR CORPORATE LEADERSHIP, INC.

606 NORTH OLIVE AVENUE

WEST PALM BEACH, FLORIDA 33401

TELEPHONE: 561-832-6266

FACSIMILE: 561-832-4504

FACSIMILE TRANSMI	ITTAL SHEE	T.		z
TO: DIVISION OF CORPORATIONS CORPORATE RECORDS	FROM:	ROBERT	U. HOCHBERG,	= , PR\$
COMPANY: STATE OF FLORIDA, DEPT. OF STATE	DATE: 8	(131/0)		_
FAX NUMBER:	TOTAL NO. C	PAGES INCLUDING	G COVER:	
PHONE NUMBER:	- SENDER'S RE	FERENCE NUMBER:	- -	
RE: 2001 Annual Business Report	RECIPIENT'S	REFERENCE NUMBE	IR:	=
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PL	EASE REPLY	□ please rec	CYCLE	
NOTES/COMMENTS:	, , , , , , , , , , , , , , , , , , ,	1 .	1- 4 1	=
NOTES/COMMENTS: D'Attached is a form 2001 Me as best as possible. P is also enclosed.	UBR t chea	comple k for	# 158,75	
(2) As I mentioned when to request the blam received the 2001	ik for	teleph ru, I i-print	ed form	٠ ٠ ٠
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3) Please accept the of and waive any late of not getting this to y	euclo rees c	sed fi or pen soone,	ling fee alties for	_
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