

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90042 027 ***150.00

DOCUMENT # F99000005232

1. Entity Name
AEOLOGIS CORPORATION

Principal Place of Business Mailing Address
6250 N ANDREW AVE **6250 N ANDREW AVE**
SUITE A235 **SUITE A235**
FORT LAUDERDALE FL 33304 **FORT LAUDERDALE FL 33304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6250 N ANDREW AVE **6250 N ANDREW AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip **33309** Country Zip **33309** Country

4. FEI Number **65-0987050** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____ (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 State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TALANSKY, ALAN 2665 SOUTH BAYSHORE DRIVE, SUITE 202 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TALANSKY, ALAN 2665 SOUTH BAYSHORE DRIVE, SUITE 202 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MICHAEL D. MURPHY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6250 N ANDREWS AVE, SUITE A235 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ELLIOT B. NEWMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6250 N ANDREWS AVE, SUITE A235 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANICE W. NEWMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6250 N ANDREWS AVE, SUITE A235 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ALAN TALANSKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6250 N ANDREWS AVE, SUITE A235 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED SHEET FOR ADDITIONAL DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janice W. Newman* **4/18/01** **954.771-7667**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
825673

2001 Uniform Business Report (UBR)
Alogis Corporation

#799000005532

Item 12. Additions/Changes to Officers and Directors in Item 11
Continued

ADDITION
TITLE D
NAME RICHARD HYMAN
STREET ADDRESS 6250 N ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

ADDITION
TITLE D
NAME DONALD BRAUN
STREET ADDRESS 6250 N ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

ADDITION
TITLE D
NAME ROGER BLACKWELL
STREET ADDRESS 6250 N ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

ADDITION
TITLE D
NAME ERIC WEISMAN
STREET ADDRESS 6250 N ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

ADDITION
TITLE D
NAME LEN FASSLER
STREET ADDRESS 6250 N ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33309