## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUN 1. Entity Name	UNIFORM BUSINGENT # P9800007		RT (UBR)	FIL May 15, 20 Secretary 05-15-2001 9007	001 8:00 am of State	0184349	
Principal Place of Business 4107 LAGUNA STREET CORAL GABLES FL 33146 US		Mailing Address 4107 LAGUNA STREET CORAL GABLES FL 33146 US					
2. Principal Pla	Lagura Street	3. Mailing Address  Suite, Apt. #, etc.	una Street	DO NOT WRITE H			
City & State		Coral Gab !	15 A	4. FEI Number 65-0858323	Applied For Not Applicat	ale	
33146	Country USA	Zip 33146	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Regi	stered Agent		
HATTON, DAVID L 2250 S.W. 3RD AVENUE, 5TH FLOOR			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
MIAM	l FL 33129		City		Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florid		$\dashv$	
SIGNATURE _	Signature, typed or printed name of registered agent an	nd title if applicable. {NOT	E: Registered Agent signature req	uired when reinstaling)	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 Sta		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			
11.	OFFICERS AND D	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 11 Change		
NAME STREET ADDRESS CITY-ST-ZIP	HATTON, MARC E 3138 VIRGINIA STREET COCONUT GROVE FL 33133	L) Delete	NAME STREET ADDRESS CITY-ST-ZIP	attor, Marc E. His Tigertail Avenue	<del>-</del> -	uoiti 055	
TITLE NAME STREET ADDRESS	VPSD HATTON, DAVID L 3138 VIRGINIA ST.	☐ Delete	TITLE SE NAME 11.	eretary atter David L. 26 Norada Averue	☐ effange ☐ Addi	ition CH2	
CITY-ST-ZIP	COCONUT GROVE FL 33133		CITY-ST-ZIP	ral pables, FL 33	146	_	
NAME STREET ADDRESS,		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ice President Own Tane M. Or Alberta Street Oral Cables, PL 33	☐ Change ☑ Addi	tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0101 Cables, FL 33	☐ Change ☐ Addi	ition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	lition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	ition	
indicated of the co	d on this report or supplemental report is reporation or the faceiver or trustee emporation or an attachment with an address, y	s true and accurate and that overed to execute this repo	t my signature shall have rt as required by Chapte d. M. Bown	n Section 119.07(3)(i), Florida Statutes. I f the same legal effect as if made under oa r 607, Florida Statutes; and that my name	urther certify that the information th; that I am an officer or direct appears in Block 11 or Block 1  305-663-356  Daytime Phore #	on tor 2 if	