

2000 UNIFORM BUSINESS REPORT (UBR)

0130517

DOCUMENT # 420937 "AMENDED 2000 REPORT"

1. Entity Name
7600 CORP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 7:47

Principal Place of Business
40 RUBIN PRUSSIN
2775 W OKEECHOBEE ROAD
HIALEAH FL 33010

Mailing Address
40 RUBIN PRUSSIN
2775 W OKEECHOBEE ROAD
HIALEAH FLA 33010-1057

2. Principal Place of Business
2775 W. OKEECHOBEE RD.

3. Mailing Address
2775 W. OKEECHOBEE RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FL

City & State
HIALEAH, FL

4. FEI Number
59-1446911

Applied For
Not Applicable

Zip
33010

Country

Zip
33010

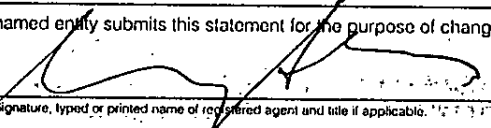
Country

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

6. Name and Address of Current Registered Agent
PRUSSIN, RUBIN D.
2775 W OKEECHOBEE RD
HIALEAH FL 33010

7. Name and Address of New Registered Agent
Name
GINSBURG, MURRAY
Street Address (P.O. Box Number is Not Acceptable)
2775 W. OKEECHOBEE RD.
City HIALEAH FL Zip Code 33010

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:  10/12/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

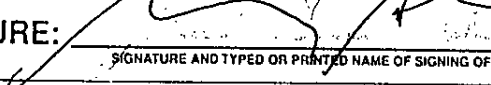
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEES \$150.00
After MAY 1, 2000, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRUSSIN, RUBIN 2775 W. OKEECHOBEE RD. HIALEAH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINSBURG, MURRAY 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GINSBURG, MURRAY 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GINSBURG, ANDREW 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRUSSIN, OTILIE 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RANDY 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GINSBURG, MURRAY 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GINSBURG, ANDREW 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003440298--4 -10/26/00--01049--017 ****61.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition IAD

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:  10/12/00 305 887-6570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)