

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90110 045 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000 004566
Entity Name
 3900 HOLDINGS, INC.

Principal Place of Business **Mailing Address**
 7900 Island Blvd. 7900 Island Blvd.
 NMB, FL 33160 NMB, FL 33160

Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip Country Zip Country

4. FEI Number
 65-0445956 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Matus, Alan
 7900 Island Blvd.
 North Miami Beach, FL 33160

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PSD Matus, Alan 7900 Island Blvd., NMB, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VAS Lieb, James 7900 Island Blvd., NMB, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS Torpey, Carite 7900 Island Blvd., NMB, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/25/00 (305) 937-7823**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)