

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90068 046 \*\*\*150.00

**DOCUMENT # F94000001585**

1. Entity Name

7000 ISLAND BOULEVARD, INC.

Principal Place of Business

Mailing Address

7900 ISLAND BLVD.  
 N. MIAMI BEACH FL 33160

7900 ISLAND BLVD.  
 N. MIAMI BEACH FL 33160-4906

FOR DEPOSIT ONLY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0479529

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINVARB, ROBERT I ESQ  
 7900 ISLAND BLVD.  
 MIAMI FL 33160

Name  
 Alan Matus

Street Address (P.O. Box Number is Not Acceptable)

7900 Island Boulevard

N. Miami Beach, FL 33160

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

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!!! FEE IS \$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	DPS	<input type="checkbox"/> Delete
NAME	MATUS, ALAN	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	FINVARB, ROBERT I	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	LIEB, JAMES M.	
STREET ADDRESS	7900 ISLAND BLVD	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TORPEY, CARITE	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE (Handwritten)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 (305) 937-7823

Date

Daytime Phone #

CR2E034 (9/99)