

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90059 027 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # J00275

1. Entity Name
TOBIK CORP.

Principal Place of Business Mailing Address
9000 SHERIDAN STREET 130 **9000 SHERIDAN STREET 130**
PEMBROKE PINES FL 33024 **PEMBROKE PINES FL 33024-8801**
US **US**

2. Principal Place of Business 3. Mailing Address
21011 Johnson Street **21011 Johnson Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 101 **Suite 101**

City & State City & State
Pembroke Pines, Florida **Pembroke Pines, Florida**

Zip Country Zip Country
33029 **33029** **33029** **33029**

4. FEI Number Applied For
59-2661059 Not Applicable

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

6. Name and Address of Current Registered Agent

KOENIG, PAUL
9000 SHERIDAN STREET
SUITE 130
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name
same

Street Address (P.O. Box Number is Not Acceptable)
21011 Johnson Street

Suite 101

City State Zip Code
Pembroke Pines **FL** **33029**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOENIG, MICHAEL 9000 SHERIDAN ST 130 PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KOENIG, PAUL 9000 SHERIDAN ST 130 PEMBROKE PINES FL	<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
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21011 Johnson Street, Suite 101 Pembroke Pines, Florida 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21011 Johnson Street, Suite 101 Pembroke Pines, Florida 33029	
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(l), 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: **Michael Koenig, Vice President** 2/7/00 954-436-9000

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

CR2E034 (9/99)