

2001 UNIFORM BUSINESS REPORT (UBR)

3/8/

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-08-2001 90078 026 ***158.75

DOCUMENT # P00000023828

1. Entity Name
1610 CONVERSION INC.

Principal Place of Business STE.700 1 N.E. 1 STREET MIAMI FL 33132	Mailing Address STE.700 1 N.E. 1 STREET MIAMI FL 33132
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2. Principal Place of Business 13132 W. Dixie Hwy.	3. Mailing Address 13132 W. Dixie Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State North Miami, FL	City & State North Miami, FL	4. FEI Number 65-1005673	Applied For Not Applicable
Zip 33161	Country Dade	Zip 33161	Country Dade
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSEN, PAUL STE.700 1 N.E. 1 STREET MIAMI FL 33132		Name	
		Street Address (P.O. Box Number is Not Acceptable) 13132 W. Dixie Hwy	
		City North Miami	FL Zip Code 33161

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 ROSEN, PAUL STE.700 1 N.E. 1 STREET MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13132 W. Dixie Hwy. North Miami, FL 33161
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	<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	<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	<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	<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)(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 my address, with all other like empowered.

SIGNATURE: Paul Rosen **2/28/01** **305-981-0311**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)