

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91167 049 ***150.00

DOCUMENT # P0000085023

1. Entity Name
FLEUSS & WHITE INTERNATIONAL MARKETING GROUP, I

Principal Place of Business 800 W. OAKLAND PARK BLVD. SUITE 211 OAKLAND PARK FL 33311	Mailing Address 800 W. OAKLAND PARK BLVD. SUITE 211 OAKLAND PARK FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1039119		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent FLEUSS, ANA CRISTINA 800 W. OAKLAND PARK BLVD. SUITE 211 OAKLAND PARK FL 33311				7. Name and Address of New Registered Agent			
Name				Street Address (P.O. Box Number is Not Acceptable)			
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ETHAN WHITE
STREET ADDRESS		STREET ADDRESS	800 W OAKLAND PARK BLVD #211
CITY-ST-ZIP		CITY-ST-ZIP	OAKLAND PARK FL 33311
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ANA C. FLEUSS
STREET ADDRESS		STREET ADDRESS	800 W. OAKLAND PARK BLVD #211
CITY-ST-ZIP		CITY-ST-ZIP	OAKLAND PARK FL 33311
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Ethan L. White Date: 4/10/01 Daytime Phone #: 954-390-6318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

AAcciment

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Six Month Extension of Time Request		Florida Income/Franchise Emergency Excise Tax Due	
1	Tentative amount of Florida tax for the taxable year	1	0.
2	Less: Estimated tax payments for the taxable year	2	0.
3	Balance due -- 100% of the tax tentatively determined due must be paid with this extension request	3	0.

by the taxpayer to do so, and who is either (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service, or (c) an attorney or CPA qualified to practice before the IRS under PL 89-332.

Intangible Tax Notice 'See Florida Form F-1120 Instructions, section titled 'Intangible Tax Filing Option.'

- A Has Form 7004 or 8736 been filed with the Internal Revenue Service for the taxable year? Yes No
- If the answer is 'Yes,' attach a copy of Form 7004 or 8736 when the F-1120 or F-1065 is filed. If the answer is 'No,' complete item B.
- B if applicable, state in detail the reason the extension is needed:

- C Does this application also cover subsidiaries to be included in a Florida consolidated return? Yes No
- If the answer is 'Yes,' attach a statement with the name, address, and FEIN of each subsidiary to be included.

D Type of federal return filed: Form 1120

Transfer the amount in line 3 to Tentative Tax Due below.

Information for Filing Form F-7004

When to file -- File this application on or before the original due date of the taxpayer's corporate income tax or partnership return.

Penalties for failure to pay tax -- If a payment of tax is required with this application, failure to make such payment will void any extensions of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for failure to file when no tax is due.

Signature -- Form F-7004 must be signed by a person authorized

Make checks payable and mail to:
Florida Department of Revenue, 5050 W Tennessee Street, Tallahassee, FL 32399-0135

Do Not Detach

FL020201 10/24/00

**Florida Tentative Income/Franchise and Emergency Excise Tax
Return and Application for Extension of Time to File Return**

F-7004
R 01/01

INTU

FEIN 65-1039119

Taxable Year End 12/00 Filing Status Corporation Partnership

Check here if you transmitted funds electronically

Intangible Tax Notice (enter '0', '1', or '2')

Name FLEIUSS & WHITE INTERNATIONAL MARKETING GROUP INC

Address 800 W. OAKLAND PARK BLVD. SUITE 211

Address

City/State/ZIP OAKLAND PARK FL 33311

Tentative Tax Due \$ 0.
Just Value Per Share \$ 1.0000

Under penalties of perjury, I declare that I have been authorized by the taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct.

Sign Here: Elhan L. White

Date: 3-13-01

651039119

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Attachment Document # 71159
FD0000085003

Form **7004**

Application for Automatic Extension of Time to File Corporation Income Tax Return

OMB No. 1545-0233

(Rev. October 2000)
 Department of the Treasury
 Internal Revenue Service

Name of Corporation: **FLEIUSS & WHITE INTERNATIONAL MARKETING GROUP INC**
 Employer Identification Number: **65-1039119**
 Number, Street, and Room or Suite Number (if a P.O. box or outside of the United States, see instructions):
800 W. OAKLAND PARK BLVD. SUITE 211
 City or Town: **OAKLAND PARK** State: **FL** ZIP Code: **33311**

Check type of return to be filed:

<input type="checkbox"/> Form 990-C	<input type="checkbox"/> Form 1120-FSC	<input type="checkbox"/> Form 1120-FC	<input type="checkbox"/> Form 1120S
<input checked="" type="checkbox"/> Form 1120	<input type="checkbox"/> Form 1120-H	<input type="checkbox"/> Form 1120-POL	<input type="checkbox"/> Form 1120-SF
<input type="checkbox"/> Form 1120-A	<input type="checkbox"/> Form 1120-L	<input type="checkbox"/> Form 1120-REIT	
<input type="checkbox"/> Form 1120-F	<input type="checkbox"/> Form 1120-ND	<input type="checkbox"/> Form 1120-RIC	

Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States

1 Request for Automatic Extension (see instructions)
 a Extension date. I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until Sep 17, 2001, to file the income tax return of the corporation named above for calendar year 2000 or tax year beginning _____, and ending _____, 20____.
 b Short tax year. If this tax year is for less than 12 months, check reason:
 Initial return Final return Change in accounting period Consolidated return to be filed

2 Affiliated group members (see instructions). If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer ID number	Tax period

3 Tentative tax (see instructions)	3	0.
4 Payments and refundable credits: (see instructions)		
a Overpayment credited from prior year	4 a	
b Estimated tax payments for the tax year	4 b	
c Less refund for the tax year applied for on Form 4466	4 c	
Bal	4 d	
e Credit for tax paid on undistributed capital gains (Form 2439)	4 e	
f Credit for federal tax on fuels (Form 4136)	4 f	
5 Total. Add lines 4d through 4f (see instructions)	5	
6 Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)	6	0.

Signature - Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.
Erhan L. White Director of Operations 3-13-01
 (Signature of Officer or Agent) (Date)