

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90077 007 \*\*\*150.00

**DOCUMENT # P93000000870**

1. Entity Name  
**APPLIED BUILDING DEVELOPMENT OF ORLANDO, INC.** ✓

|  |  |
|--|--|
| Principal Place of Business<br><b>8000 THE ESPLANADE<br/>         ORLANDO FL 32836<br/>         US</b> | Mailing Address<br><b>8000 THE ESPLANADE<br/>         ORLANDO FL 32836<br/>         US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0383802</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|  |  |  |  |  |  |  |  |           |  |          |  |
|--|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent                                  |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |  |          |  |
| <b>KOHN, DAVID<br/>         8000 THE ESPLANADE<br/>         ORLANDO FL 32836</b> |  |  |  | Name   |  |  |  |           |  |          |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |  |          |  |
|  |  |  |  | City   |  |  |  | <b>FL</b> |  | 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 \_\_\_\_\_ (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. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS |                             |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|-----------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | <b>D</b>                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>KOHN, DAVID</b>          |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>8000 THE ESPLANADE</b>   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>ORLANDO FL 32836</b>     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | <b>D</b>                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>GUERON, DAN</b>          |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>330 W 58TH ST STE E</b>  |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>NEW YORK NY 10019</b>    |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | <b>V</b>                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>SCHIFF, ARIVA</b>        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>330 W 58TH ST STE 5E</b> |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>NEW YORK NY 10019</b>    |                                 |  | 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   |  |                                 |                                   |
| 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:** \_\_\_\_\_ **DAVID KOHN** \_\_\_\_\_ **4-27-01** \_\_\_\_\_ **407 3706408**

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

CR2E034 (10/00)