

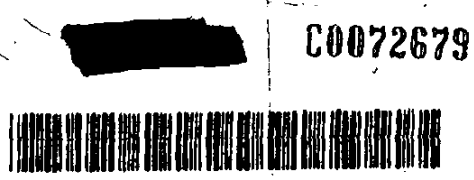
FILED
Jul 10, 2001 8:00 am
Secretary of State

6/21

06-21-2001 90001 006 ***150.00
 07-10-2001 90008 022 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006715			
1. Entity Name 321 COLLINS INC.			
Principal Place of Business 321 COLLINS AVE. MIAMI BEACH FL 33139		Mailing Address 321 COLLINS AVE. MIAMI BEACH FL 33139	
2. Principal Place of Business 5055 Collins Ave		3. Mailing Address 5055 Collins Ave	
Suite, Apt. #, etc. 10A		Suite, Apt. #, etc. 10A	
City & State Miami Beach FL		City & State Miami Beach FL	
4. FEI Number 65-0389598		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENFELD, MARTINA 321 COLLINS AVE. # MIAMI BEACH FL 33139 33140		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00		\$5.00 May Be Added to Fees	
After MAY 1, 2001 Fee will be \$550.00		Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ROSENFELD, MARTINA 321 COLLINS AVE - 5055 Collins Ave. MIAMI BEACH FL 33139 33140 Apt. 10A	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
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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)(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: <u>Martina Rosenfeld</u>		Date: <u>4-15-01</u> Daytime Phone #: <u>(305) 861-2418</u>	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)