

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047901

1. Entity Name

TROMBONE, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90027 007 ***150.00

Principal Place of Business

Mailing Address

~~P.O. BOX 546072~~
~~MIAMI FL 33154~~

~~P.O. BOX 546072~~
~~MIAMI FL 33154 0072~~

2. Principal Place of Business

767 RHODE ISLAND ST.

Suite, Apt. #, etc.

3. Mailing Address

767 RHODE ISLAND ST.

Suite, Apt. #, etc.

~~SAN FRANCISCO~~



DO NOT WRITE IN THIS SPACE

City & State

SAN FRANCISCO, CA

City & State

SAN FRANCISCO, CA

4. FEI Number

65-0458790

Applied For

Not Applicable

Zip

94107

Country

USA

Zip

94107

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ZEMEL AND KAUFMAN, P.A.~~
 3550 BISCAYNE BLVD
 SUITE 603
 MIAMI FL 33137

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
D
 LEVKOFF, RUTH
 P.O. BOX 546072 N/A
 MIAMI FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
D
 FRED COHEN
 767 RHODE ISLAND ST.
 SAN FRANCISCO, CA 94107

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

Fred Cohen
 SIGNED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00
 Date

95 285 8532
 Daytime Phone #

CR2E034 (9/99)