

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90033 004 ***150.00

DOCUMENT # P93000067473

1. Entity Name

6940 N.W. 43 STREET, CORP.

Principal Place of Business

Mailing Address

**6940 NW 43RD ST
 MIAMI FL 33166
 US**

**1431 BROADWAY 8TH FLOOR
 NY NY 10018-1906
 US**

80036237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0442348

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KREMEN, BERNARD
 6940 NW 43RD ST
 MIAMI FL 33166**

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 | PD <input type="checkbox"/> Delete |
| NAME | KREMEN, BERNARD |
| STREET ADDRESS | 6940 NW 43RD ST |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | STD <input type="checkbox"/> Delete |
| NAME | LEVINE, ROBERT |
| STREET ADDRESS | 1431 BROADWAY |
| CITY-ST-ZIP | NEW YORK NY |
| TITLE | <input type="checkbox"/> Delete |
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| 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)(j), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

205 591 8930

Daytime Phone #

CR2E034 (9/99)