

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90091 030 ***150.00

DOCUMENT # P93000075898
1. Entity Name

2081 INVESTMENT CORP.

DO NOT WRITE IN THIS SPACE

80051471

2. Principal Place of Business

2081 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1800 ENGLISH RD.

Suite, Apt. #, etc.

SUITE 1

DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE FL

City & State

ROCHESTER NY

4. FEI Number

65-0459601

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

14616

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION INFORMATION SERVICES INC

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS ST

City

TALLAHASSEE

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
LISSOW, MARY L
2081 SOUTH OCEAN DR. #103
HALLANDALE, FL 33009

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Linda Lissow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

585-227-0760

Daytime Phone #