

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078954

1. Entity Name

9404 CORPORATION

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90079 004 ***150.00

Principal Place of Business

Mailing Address

9404 NW 49 PLACE
 SUNRISE FL 33351
 US

9404 NW 49 PLACE
 SUNRISE FL 33351-7707
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0464717**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, HOWARD W
 100 SE 2ND ST
 17TH FLOOR
 MIAMI FL 33131

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 _____ (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	D	<input type="checkbox"/> Delete
NAME	SCHWADRON, EVAN	
STREET ADDRESS	9404 NW 49 PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWADRON, JACK	
STREET ADDRESS	9404 NW 49 PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SCHWADRON, DAVID	
STREET ADDRESS	10350 SW 125 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUREN, LAURIE	
STREET ADDRESS	9404 NW 49TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHREIBER, HELAINE	
STREET ADDRESS	9404 NW 49TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9404 N.W. 49 PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SCHWADRON

Date

4/11/00

Daytime Phone #

(954) 749-7769

CR2E034 (9/99)