

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90087 038 ***150.00

DOCUMENT # P94000074936

1. Entity Name
APPLIED BUILDING DEVELOPMENT OF ORLANDO - M.L.,

Principal Place of Business S. APOPKA-VINELAND RD. ORLANDO FL 32836	Mailing Address 8933 S. APOPKA-VINELAND RD. ORLANDO FL 32836-5722
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8000 The Esplanade Suite, Apt. #, etc.	3. Mailing Address 8000 The Esplanade Suite, Apt. #, etc.
--	--

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 59-3283010	Applied For <input type="checkbox"/> Not Applicable
Zip FL 32836	Country	Zip 32836	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOHN, DAVID 8933 S APOPKA VINELAND ROAD SUITE 1100 ORLANDO FL 32836	7. Name and Address of New Registered Agent 8000 The Esplanade 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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$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	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUERON, DAN		NAME GUERON, DAN	
STREET ADDRESS 8933 S APOPKA VINELAND ROAD		STREET ADDRESS 8000 The Esplanade	
CITY-ST-ZIP ORLANDO FL 32836		CITY-ST-ZIP Orlando FL 32836	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHIFF, AKIVA		NAME SCHIFF, AKIVA	
STREET ADDRESS 8933 S APOPK AVINELAND ROAD		STREET ADDRESS 8000 The Esplanade	
CITY-ST-ZIP ORLANDO FL 32832		CITY-ST-ZIP Orlando, FL 32836	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOHN, DAVID		NAME KOHN, DAVID	
STREET ADDRESS 8933 S APOPKA VINELAND ROAD		STREET ADDRESS 8000 The Esplanade	
CITY-ST-ZIP ORLANDO FL 21725		CITY-ST-ZIP Orlando, FL 32836	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED** Date: **4-18-00** Daytime Phone #: **407-370-6400**

CR2E034 (9/99)