

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-27-2000 90033 035 ***150.00

DOCUMENT # P94000087130

1. Entity Name
10910 CORPORATION

00010016



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
11462 S.W. 87TH TERRACE MIAMI FL 33173 **11462 S.W. 87TH TERRACE MIAMI FL 33173-4218**

2. Principal Place of Business 3. Mailing Address
10543 SW 129 Place 10543 SW 129 Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL MIAMI FL
 Zip Country Zip Country
33186-3549 USA 33186-3549 USA

4. FEI Number **65-0549858** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KLEIN, BRENT D
801 BRICKELL AVE.
SUITE 1901
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **SALTZMAN, ROBERT N**
 Street Address (P.O. Box Number is Not Acceptable) **10543 SW 129 PLACE**
 City **MIAMI** FL Zip Code **33186-3549**

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]* **ROBERT SALTZMAN** DATE **Jan 20, 2000.**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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

TITLE	PS	<input type="checkbox"/> Delete
NAME	SALTZMAN, ARLENE	
STREET ADDRESS	11462 SW 87TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10543 SW 129 PLACE	
CITY-ST-ZIP	MIAMI FL 33186-3549	
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 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]* **ARLENE SALTZMAN** Date **1/20/2000** Daytime Phone # **305/385-2171**

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