

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-10-2000 90030 040 ***150.00

DOCUMENT # P97000064382

1. Entity Name
HOODRIDGE INTERNATIONAL, INC.

Principal Place of Business 6600 NW 66 WAY PARKLAND FL 33067	Mailing Address 6699 NW 66 WAY PARKLAND FL 33067-1417
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0771855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
LEVIN, EILEEN
6699 NW 66 WAY
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 DT	<input type="checkbox"/> Delete	TITLE <i>Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEVIN, EILEEN		NAME	
STREET ADDRESS 6699 NW 66 WAY		STREET ADDRESS	
CITY-ST-ZIP PARKLAND FL 33067		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEVIN, JOSEPH M		NAME	
STREET ADDRESS 6699 NW 66 WAY		STREET ADDRESS	
CITY-ST-ZIP PARKLAND FL 33067		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVIN, BETH ILA		NAME	
STREET ADDRESS 6699 NW 66 WAY		STREET ADDRESS	
CITY-ST-ZIP PARKLAND FL 33067		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <i>Vice-President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VETTER, ERNST		NAME	
STREET ADDRESS 6699 NW 66 WAY		STREET ADDRESS	
CITY-ST-ZIP PARKLAND FL 33067		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: *Eileen Levin* **EILEEN LEVIN** 3/3/00 954-340-3300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)