

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90195 042 \*\*\*150.00

DOCUMENT # **P980000247609**  
 1. Entity Name  
**GROUPSAKS, CORP.** ✓

Principal Place of Business      Mailing Address  
**887 E. Ockeechobee Rd.**      **2737 NW 17th Street**  
**Hialeah, Fl. 33010**              **Miami, Fl. 33125**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      **887 E. Ockeechobee Rd.**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State  
**Hialeah, Florida**                      **33010**  
 Zip                      Country                      Zip                      Country

4. FEI Number                      Applied For  
**65-0820250**                      Not Applicable

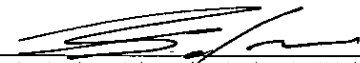
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Frank Saks**  
**2737 N.W. 17th Street**  
**Miami, Fl. 33125**

7. Name and Address of New Registered Agent  
 Name                      **Frank Saks**  
 Street Address (P.O. Box Number is Not Acceptable)  
**887 E. Ockeechobee Rd.**  
 City                      **Hialeah, FL**      Zip Code **33010**

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       DATE **1/26/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>Frank Saks</b>	
STREET ADDRESS	<b>2737 NW 17th Street</b>	
CITY-ST-ZIP	<b>Miami, Fl. 33125</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Frank Saks</b>	
STREET ADDRESS	<b>887 E. Ockeechobee Rd.</b>	
CITY-ST-ZIP	<b>Miami, Florida 33010</b>	
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		
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:       DATE **1/26/00**      DAYTIME PHONE # **305-884-9959**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)