

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90066 017 ***150.00

DOCUMENT # P98000029380

1. Entity Name
MIAMI CENTER REGISTERED AGENTS, INC.

Principal Place of Business KLUGER, PERETZ, ET AL 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI FL 33131 US	Mailing Address KLUGER, PERETZ, ET AL 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI FL 33131-4329 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0904931	Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CHASSEN, JON
 201 S. BISCAYNE BLVD. 17TH FLOOR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 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 DP	<input type="checkbox"/> Delete	TITLE CHASSEN, JON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHASSEN, JON		NAME	
STREET ADDRESS 201 S. BISCAYNE BLVD, 17TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33131		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE V. ABBOTT, ELIOT C.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HALPERIN, RONNY J		NAME	
STREET ADDRESS 201 S. BISCAYNE BLVD, 17TH FLOOR		STREET ADDRESS 201 S. BISCAYNE BLVD., 17th FLOOR	
CITY-ST-ZIP MIAMI FL 33131		CITY-ST-ZIP MIAMI FL 33131	
TITLE	<input type="checkbox"/> Delete	TITLE V. RISSMAN, JENA E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS 201 S. BISCAYNE BLVD., 17th FLOOR	
CITY-ST-ZIP		CITY-ST-ZIP MIAMI FL 33131	
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: **JON CHASSEN - PRES.** Date: **04-12-00** Daytime Phone #: **305-379-9000**

CR2E034 (9/99)