

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 31, 2002 8:00 am
Secretary of State

02-25-2002 90072 050 ***150.00

DOCUMENT # P98000057584
1. Entity Name
9600. BUILDING, INC.

Principal Place of Business Mailing Address
**9600 WEST SAMPLE RD
300
CORAL SPRINGS FL 33065** **5340 NO. FED. HWY. STE 107
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

9600 West Sample Rd
300
CORAL SPRINGS, FL
33065 **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**FRIGOLA, MICHELLE C P A
5340 NO. FED. HWY. STE 107
LIGHTHOUSE POINT FL 33064**

4. FEI Number Applied For
65-0847052 Not Applicable

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

7. Name and Address of New Registered Agent
Steve Deutsch **ANDREW SNEIDER**
c/o Frank Weir Address (P.O. Box Number is Not Acceptable)
7805 SW 6th Ct **33065**
Plantation, FL City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	RD SNEIDER, ANDREW I 5340 NO. FED. HWY. STE 107 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ANDREW SNEIDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9600 WEST SAMPLE ROAD SUITE 300 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)