

UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # P 98000058787

1. Entity Name
PONYTAIL MANAGEMENT, INC

FILED
00 SEP 20 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**360 S HIBISCUS DRIVE
MIAMI BEACH, FL 33140**

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

City & State City & State
Zip Country Zip Country

4. FEI Number **65-0847986** Applied For 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
**BRUCE E. LAZAR
2901 COLLINS AVE.
MIAMI BEACH, FL 33140**

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 _____
Signature, typed or printed name of registered agent and title if applicable

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

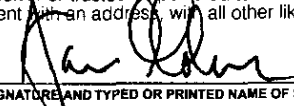
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME JAMES L. GOLDBERG	
STREET ADDRESS 2901 COLLINS AVE.	
CITY-ST-ZIP MIAMI BEACH, FL. 33140	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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******300.00 ****300.00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-2000 **305 532-9400**
Date Daytime Phone #

CR2E034 (9/99)

August 15, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ponytail Management, Inc.
SS# 65-0847986

Attention: Kristen Eckel

Dear Specialist Eckel:

We are the accountants for the above Corporation and have been requested to respond to your letter dated July 11, 2000. (Copy enclosed).

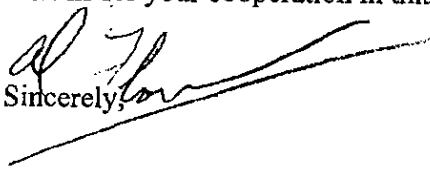
We respectfully request that the assessed Reinstatement fee of \$600.00 be abated for the following reasons.

The 100% shareholder that has the sole authority to execute documents on behalf of the Corporation was incapacitated due to illness for over twelve months and has been unable to perform most administrative functions. So much that an extension of time was requested (to September 15, 2000) for filing the Corporate tax returns.

Please note that the annual report was filed immediately after the sole shareholder's recuperation.

In view of the foregoing, we ask that your letter be resubmitted without the reinstatement fee of \$600.00.

Thanks for your cooperation in this matter.


Sincerely,

Al Flowers

Enc.