

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90087 039 ***150.00

DOCUMENT # P98000069347

1. Entity Name
APPLIED BUILDING DEVELOPMENT OF ORLANDO - S.T.,

Principal Place of Business 8000 S. APOPKA-VINELAND RD. ORLANDO FL 32836	Mailing Address 8933 S. APOPKA-VINELAND RD. ORLANDO FL 32836-5722
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8000 The Esplanade Suite, Apt. #, etc.	3. Mailing Address 8000 The Esplanade Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32836 Country	Zip 32836 Country

4. FEI Number 59-3527754	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
KOHN, DAVID
~~8933 S. APOPKA-VINELAND RD.~~
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name	8000 The Esplanade	
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. **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	D <input type="checkbox"/> Delete
NAME	GUERON, DAN
STREET ADDRESS	330 W. 58TH ST., SUITE 5E
CITY-ST-ZIP	NEW YORK NY 10019
TITLE	D <input type="checkbox"/> Delete
NAME	SCHIFF, AKIVA
STREET ADDRESS	330 W. 58TH ST., SUITE 5E
CITY-ST-ZIP	NEW YORK NY 10019
TITLE	P <input type="checkbox"/> Delete
NAME	KOHN, DAVID
STREET ADDRESS	8933 S APOPKA VINELAND RD
CITY-ST-ZIP	ORLANDO FL 32836
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERON, DAN
STREET ADDRESS	8000 The Esplanade
CITY-ST-ZIP	Orlando, FL 32836
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFF, AKIVA
STREET ADDRESS	8000 The Esplanade
CITY-ST-ZIP	Orlando, FL 32836
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHN, DAVID
STREET ADDRESS	8000 The Esplanade
CITY-ST-ZIP	Orlando, FL 32836
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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **4-18-00** Daytime Phone #: **407-370-6400**

CR2E034 (9/99)