

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-18-2000 90158 028 ***150.00

DOCUMENT # P98000084711

1. Entity Name
1035 L.R. CORP.

Principal Place of Business

Mailing Address

~~THERREL BAISDEN P.A.~~
~~ONE SE 3RD AVE SUITE 1400~~
~~MIAMI FL 33137~~

~~THERREL BAISDEN P.A.~~
~~ONE SE 3RD AVE SUITE 1400~~
~~MIAMI FL 33137-1716~~

00003373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

523 MICHIGAN AVE
 Suite, Apt. #, etc.

523 MICHIGAN AVE
 Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH FL

MIAMI BEACH, FL

4. FEI Number **65-0878869**

Applied For
 Not Applicable

Zip **33139** Country

Zip **33139** Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRYD, JONATHAN
523 MICHIGAN AVE.
MIAMI BEACH FL 33139

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 | D | <input type="checkbox"/> Delete |
| NAME | COMRAS, MICHAEL | |
| STREET ADDRESS | 1111 LINCOLN ROAD SUITE 510 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FRYD, JONATHAN | |
| STREET ADDRESS | 523 MICHIGAN AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33139 | |
| 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"/> 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: JONATHAN FRYD 1-7-00 305-673-2948
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)