

**FILED**  
 00 APR 20 PM 2:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000011987  
 1. Entity Name **B2B Estate Buyers, Inc**

Principal Place of Business: **21205 Yacht Club Drive, # 3103 Aventura, FL 33180**  
 Mailing Address:

2. Principal Place of Business **21205 Yacht Club Dr, # 3103** 3. Mailing Address  
**Same as above**

Suite, Apt. #, etc. **3103** Suite, Apt. #, etc. **Same**

City & State **Aventura, FL** City & State

Zip **33180** Country **USA** Zip Country

DO NOT WRITE IN THIS SPACE  
 4. FEI Number Applied For  Not Applied  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Susan Peroff**  
**21205 Yacht Club, # 3103**  
**Aventura, FL 33186**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City

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.  
**B2B Estate Buyers, Inc**  
 SIGNATURE **Susan Peroff** DATE **4/19/00**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
(See criteria on back)  
**FILE DOWN! FEE IS \$150.00**  
 10. Election Certificate  \$5.00 May Be

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Add
	<b>Craig Bagon</b>	<b>21205 Yacht Club Dr.</b>	<b>Aventura, FL 33180</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Susan Peroff</b>	<b>21205 Yacht Club, # 3103</b>	<b>Aventura, FL 33180</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Susan Peroff** DATE: **4/20/00** 305 931-19.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: The Phone #