

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2000 90149 049 \*\*\*150.00

**DOCUMENT # P99000037328**

1. Entity Name

**83RD TERR. CORP.**

Principal Place of Business

999 PONCE DE LEON BLVD. SUITE 1110  
 CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD. SUITE 1110  
 CORAL GABLES FL 33134-3047

2. Principal Place of Business

**4500 POST AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**4500 POST AVENUE**

Suite, Apt. #, etc.

City & State  
**MIAMI BEACH FLA.**

City & State  
**MIAMI BEACH FLA.**

Zip  
**33140**

Country  
**USA**

Zip  
**33140**

Country  
**USA**

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAPOPORT, ALLEN J**  
**999 PONCE DE LEON BLVD, SUITE 1110**  
**CORAL GABLES FL 33134**

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

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. (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>COHEN, RICHARD I</b>			
	<b>999 PONCE DE LEON BLVD, SUITE 1110</b>			
	<b>CORAL GABLES FL 33134</b>			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)