

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90029 015 \*\*\*150.00

**DOCUMENT # P99000057153**

1. Entity Name  
**1415 16TH STREET, INC.**

Principal Place of Business  
**C/O THOMAS M. PARKER**  
**100 S.E. 2ND STREET, 17TH FLOOR**  
**MIAMI FL 33131**

Mailing Address  
**C/O THOMAS M. PARKER**  
**100 S.E. 2ND STREET, 17TH FLOOR**  
**MIAMI FL 33131-2158**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**90 THOMAS M. PARKER**

3. Mailing Address  
**90 THOMAS PARKER**

Suite, Apt. #, etc. **1415 16th St #4**

Suite, Apt. #, etc. **1415 16th St, #4**

City & State  
**MIAMI BEACH FL**

City & State  
**MIAMI BEACH FL**

4. FEI Number  
**65-0928928**

Applied For  
 Not Applicable

Zip Country  
**33139 USA**

Zip Country  
**33139 USA**

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**

**PARKER, THOMAS M**  
**100 S.E. 2ND STREET, 17TH FLOOR**  
**MIAMI FL 33131**

Name  
**THOMAS M. PARKER**

Street Address (P.O. Box Number is Not Acceptable)  
**1415 16th Street, #4**

City **MIAMI BEACH** **FL** Zip Code **33139**

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

**4/1/2000**  
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, DIRECTOR</b> <b>THOMAS M. PARKER</b> <b>1415 16th St, #4</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>J. MICHAEL PENNEKAMP</b> <b>VP, Director</b> <b>100 SE 2nd St, 18th Fl</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Director</b> <b>ERIC GUNTHER</b> <b>1415 16th St, #1</b> <b>MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, VP, DIRECTOR</b> <b>LANCE GELLEN</b> <b>520 DRUMM KEN DR #305</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**THOMAS M. PARKER, PRES.**

**1/4/00**  
 Date

**(315) 789 9200**  
 Daytime Phone #

CR2E034 (9/99)