

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90018 012 \*\*\*150.00

**DOCUMENT #** P98000067499  
**1. Entity Name**  
**SEVENTY-FIVE EAST, INC.**

<b>Principal Place of Business</b> 1000 N. Hiatus Road Suite 100 Pembroke Pines, FL 33026	<b>Mailing Address</b> 1000 N. Hiatus Road Suite 100 Pembroke Pines, FL 33026
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 65-0855355	<b>Applied For</b> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 E.H.G..Resident Agents, Inc.  
 5100 Town Center Circle, Suite 330  
 Boca Raton, Florida 33486

**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b>
<b>FL</b> <b>Zip Code</b>

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. **DATE** \_\_\_\_\_ (NOTE: Registered Agent signature required when restricting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

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	
<b>TITLE</b> President <b>NAME</b> Corinne M. Cott <b>STREET ADDRESS</b> 1000 N. Hiatus Road, Suite 100 <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33026	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President <b>NAME</b> Robert B. Miller <b>STREET ADDRESS</b> 11801 Pembroke Road <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
<b>TITLE</b> Vice President <b>NAME</b> Howard J. Zimmerman <b>STREET ADDRESS</b> 9000 W. Sheridan Street, Suite 100 <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33026	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Additor
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Additor
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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:**  **4/21/00** **(954) 435-9997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Robert B. Miller, President