

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000001870** ✓**1. Entity Name**FTP INVESTMENT CORPORATION, a California corporation,
authorized to do business in the State of Florida.**Principal Place of Business**20803 Biscayne Blvd.
Suite 200
Aventura, FL 33180**Mailing Address**20803 Biscayne Blvd.
Suite 200
Aventura, FL 33180**2. Principal Place of Business**

20801 Biscayne Blvd.

3. Mailing Address

20801 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 501

Suite, Apt. #, etc.

Suite 501

City & State

Aventura, Florida

City & State

Aventura, Florida

4. FEI Number

94-3113472

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**Gary A. Korn, Esq.
20803 Biscayne Blvd.
Suite 200
Aventura, FL 33180**7. Name and Address of New Registered Agent**

Name Gary A. Korn, Esq.

Street Address (P.O. Box Number is Not Acceptable)

20801 Biscayne Blvd.

Suite 501

City

Aventura,

FL

Zip Code

33180

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

Gary A. Korn

3/12/01

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 IntangibleTax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$380.00**
After MAY 1, 2001 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	President	<input type="checkbox"/> Delete
NAME	Bart Seidler	
STREET ADDRESS	1940 Fillmore Street	
CITY-ST-ZIP	San Francisco, CA 94115	

TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Bart Seidler	
STREET ADDRESS	1940 Fillmore Street	
CITY-ST-ZIP	San Francisco, CA 94115	

TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Bart Seidler	
STREET ADDRESS	1940 Fillmore Street	
CITY-ST-ZIP	San Francisco, CA 94115	

TITLE	Chairman/Director	<input type="checkbox"/> Delete
NAME	Bart Seidler	
STREET ADDRESS	1940 Fillmore Street	
CITY-ST-ZIP	San Francisco, CA 94115	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:***Bart Seidler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

(415) 346-2323

Daytime Phone #

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90050 010 ***158.75

A6036141

DO NOT WRITE IN THIS SPACE