

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90075 028 \*\*\*150.00

**DOCUMENT #** P00000075259

1. Entity Name

Downtown Fifty Corporation

*N/C 12/04/2000*  
*(FIC)*

**A0062773**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
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2. Principal Place of Business 169 E. Flagler Street Suite, Apt. #, etc. Suite 1635 City & State Miami, Florida	3. Mailing Address 169 E. Flagler Street Suite, Apt. #, etc. Suite 1635 City & State Miami, Florida
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4. FEI Number 65-1032183	Applied For Not Applicable
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Zip 33131	Country Miami-Dade	Zip 33131	Country Miami-Dade
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

Samuel Mordecai  
 169 E. Flagler Street  
 Suite 1635  
 Miami, Florida 33131

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

Name  
 Samuel Mordecai  
 Street Address (P.O. Box Number is Not Acceptable)  
 169 E. Flagler Street  
 Suite 1635  
 City  
 Miami **FL** Zip Code  
 33131

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 Samuel Mordecai DATE 4-23-01

Signature, typed or printed name of registered agent and title if applicable. (NOT: 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, 2001 Fee will be \$500.00**  
**Make Check Payable to Departmental Fund**

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	PSD Samuel Mordecai 407 Lincoln Road, Suite 10K Miami Beach, Florida 33139 <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Samuel Mordecai 169 E. Flagler Street Suite 1635, Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Samuel Mordecai DATE: 4-23-01 (305) 379-6424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)