

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90246 040 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015231  
1. Entity Name  
142 PHASE II, INC.

2. Principal Place of Business 100 JEFFERSON AVE State Apt. #, etc. 10001 City & State MIAMI BEACH FL		3. Mailing Address 100 JEFFERSON AVE State Apt. #, etc. 10001 City & State MIAMI BEACH, FL	
Zip 33139	Country	Zip 33139	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0988180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name KAHN, MORRIS
Street Address (P.O. Box Number is Not Acceptable) 100 JEFFERSON AVE
STE 10001
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: Morris Kahn Morris Kahn, 4/23/01  
 (NOTE: Registered Agent signature required when reinstating)

9. The corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

FILE NOW! FEES: \$150.00  
 MAY 15, 2001 \$50.00  
 Make checks 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	
<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	KAHN, AUDREY	
	STREET ADDRESS	100 JEFFERSON AVE STE 10001	
	CITY-ST-ZIP	MIAMI BEACH, FL 33139	
<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	KAHN, MORRIS	
	STREET ADDRESS	100 JEFFERSON AVE STE 10001	
	CITY-ST-ZIP	MIAMI BEACH, FL 33139	
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	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)(f), 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: Morris Kahn Morris Kahn 4/23/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)