2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 194959** 1. Entity Name PLACID INC Principal Place of Business Mailing Address 1955 S.W. 50TH AVE. 1955 S.W. 50TH AVE. FT. LAUDERDALE FL 33317 FT. LAUDERDALE FL 33317-6122 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip 6. Name and Address of Current Registered Agent Name SCHWAB, MICHAEL H 1955 S.W. 50TH AVE.

FT. LAUDERDALE FL 33317

9. This corporation is eligible to satisfy its Intangible

ISIDOR, MICHAEL

PALM BEACH FL

SCHWAB, MICHAEL

1955 S.W. 50TH AVE.

3400 S. OCEAN BLVD. #3F

FT. LAUDERDALE FL 33317

Tax filing requirement and elects to do so.

(See criteria on back)

PTD

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

OFFICERS AND DIRECTORS

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIE

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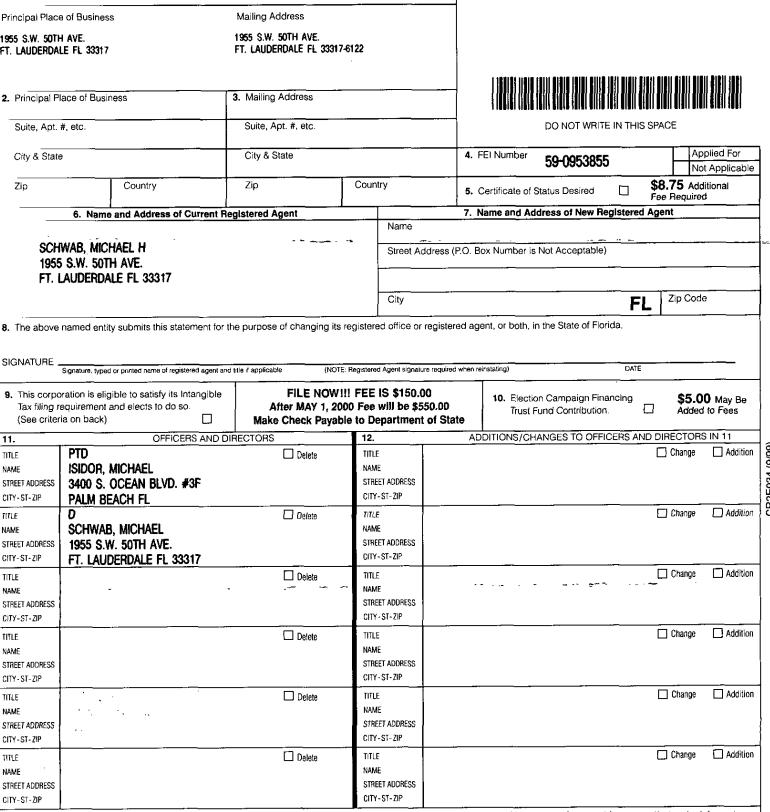
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FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90067 002 ***150.00



for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information may signature shall have the same legal effect as if made under oath; that I am an officer or director or as regulated by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is type of the corporation or the receiver or trustee changed, or on an attachment with an add

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITI F

NAME STREET ADDRESS

NAME

TITLE NAME

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NAME STREET ADDRESS

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NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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SIGNATURE: