## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 31, 2001 8:00 am DOCUMENT # 325967 **Secretary of State** 1. Entity Name DISPLAY UNLIMITED, INC. 01-31-2001 90272 028 \*\*\*150.00 Principal Place of Business Mailing Address 14501 NW 60 AVE. P.O. BOX 4530 PZCLIUUU MIAMI LAKES FL 33014 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1201906 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENKEL, TIM D Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVE PENTHOUSE ONE MIAMI FL 33131 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE Change TITLE ☐ Delete NAME RIFKIN, JOEL NAME STREET ADDRESS STREET ADDRESS 6766 SW 89 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Addition Change TITLE ☐ Delete TITLE NAME RIFKIN, SHELLY NAME STREET ADDRESS STREET ADDRESS 6766 SW 89 TERR CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33156 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toel Rifkin 1/8/01 (305) 825-82

CR2E034 (10/00)