

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 327249

1. Entity Name

THAT GIRL IN MIAMI, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90132 046 ***150.00

Principal Place of Business

390 N.W. 27TH STREET
MIAMI FL 33127

Mailing Address

400 NW 25 ST
390 N.W. 27TH STREET
MIAMI FL 33127-4124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1204281

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZELONKER, ISRAEL JACK
11 ISLAND AVE., APT. #812
MIAMI BEACH FL

Name

Daniel Zelonker

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

400 NW 25 ST

City

Miami

FL

Zip Code

33127

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

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 Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ZELONKER, RACHEL
STREET ADDRESS 11 ISLAND AVE #812
CITY-ST-ZIP MIAMI BCH, FL 00000

Delete

TITLE PD
NAME ZELONKER, ISRAEL JACK
STREET ADDRESS 11 ISLAND AVE #812
CITY-ST-ZIP MIAMI BCH, FL 00000

Delete

TITLE SD
NAME ZELONKER, DANIEL G
STREET ADDRESS 10040 SW 144 ST
CITY-ST-ZIP MIAMI, FL 00000

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)