

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 333750 "AMENDED 2000 REPORT"

FILED

00 APR -5 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
2775 CORP

Principal Place of Business: 2775 W. OKEECHOBEE RD, HIALEAH, FL 33010
Mailing Address: 2775 W OKEECHOBEE RD, HIALEAH FL 33010

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number: 59-1218952
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PRUSSIN, RUBIN
2775 W OKEECHOBEE RD
HIALEAH, FL 33010

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City: FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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, 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 | |
|---|--|
| TITLE: PD NAME: PRUSSIN, RUBIN STREET ADDRESS: 2775 W. OKEECHOBEE ROAD CITY-ST-ZIP: HIALEAH FL | <input type="checkbox"/> Delete |
| TITLE: SD NAME: GINSBURG, MURRAY STREET ADDRESS: 2775 W. OKEECHOBEE ROAD CITY-ST-ZIP: HIALEAH FL | <input type="checkbox"/> Delete |
| TITLE: D NAME: PRUSSIN, OTTILIE STREET ADDRESS: 2775 W. OKEECHOBEE ROAD CITY-ST-ZIP: HIALEAH FL | <input type="checkbox"/> Delete |
| TITLE: TD NAME: GINSBURG, MURRAY STREET ADDRESS: 2775 W. OKEECHOBEE ROAD CITY-ST-ZIP: HIALEAH FL | <input checked="" 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 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| 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: T NAME: GINSBURG, ANDREW STREET ADDRESS: 2775 W. OKEECHOBEE ROAD CITY-ST-ZIP: HIALEAH FL | <input type="checkbox"/> Change <input checked="" 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:  DATE: 3/30/00 DAYTIME PHONE #: 305 887-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)