

# 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 \_\_\_\_\_ (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	
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

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

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: *Rubin Prussin* 3/30/00 305 887-6570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)