2000 UNIFORM BUSINESS REPORT (UBR)

10f Z

DOCUMENT # 357370

Principal Place of Business Mailing Address	OO JUL 3 PM : 30 SECRETARY OF STATE ALEARABSEE, FLORIDA
Principal Place of Business Mailing Address	SECRETARY OF STATE
	製作に基金は最高のFPL L CALIFOR
150 N.W. 79TH AVENUE 150 N.W. 79TH AVENUE MIAMI FL 33126 MIAMI FLA 33126-4012	
2. Principal Place of Business 3. Mailing Address	Hill ibat batt fitti alatt atatt atatt atatt mate san.
Suite, Apt. #, etc. Suite, Apt. #, etc.	OT WRITE IN THIS SPACE OF THE ON
City & State City & State 4. FEI Number 59-1	283756 Applied For Not Applicable
Zip Country Zip Country 5. Certificate of Status (CQ 75 Additional
· · · · · · · · · · · · · · · · · · ·	f New Registered Agent
Name	
KAHN, MARC A. Street Address (P.O. Box Number is Not Ad 8301 NW 7 AVE.	ceptable)
MIAMI FL 33150	
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 S	ate of Florida.
	·
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when relinstating)	DATE
9. This corporation is eligible to satisfy its Intangible FÎLE NOWIII FEE IS \$150.00	paign Financing \$5.00 May Be
Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Co Make Check Payable to Department of State	
· · · · · · · · · · · · · · · · · · ·	TO OFFICERS AND DIRECTORS IN 11
TITLE PSD Defete TITLE	Change Addition
NAME KAHN, MARC A. STREET ADDRESS STREET ADDRESS STREET ADDRESS	<u>\$</u>
STREET ADDRESS CITY-ST-ZIP MIAMI FL STREET ADDRESS CITY-ST-ZIP	ZE
TITLE Delete TITLE	Change Addition
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STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delate TITLE	Change 🔲 Addition
NAME STREET ADDRESS STREET ADDRESS	_
CITY-ST-ZIP	KE_
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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made	Statutes. I further certify that the information e under oath; that I am an officer or director

ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if rike empowered.

SIGNATURES