

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90081 008 ***150.00

706143



DO NOT WRITE IN THIS SPACE

DOCUMENT # 407094

1. Entity Name

SIRKIN BUILDING CORP.

Principal Place of Business

Mailing Address

% ALAN SIRKIN, PRESIDENT

% ALAN SIRKIN, PRESIDENT

~~1 LINCOLN RD~~
~~MIAMI BEACH FL 33139~~
 US

~~1 LINCOLN RD~~
~~MIAMI BEACH FL 33139~~
 US

2. Principal Place of Business

3. Mailing Address

3500 S. Bayhormes Dr.
 Suite, Apt. #, etc.

3500 S. Bayhormes Dr.
 Suite, Apt. #, etc.

City & State
 Miami FL

City & State
 Miami, FL

4. FEI Number 59-1413895

Applied For
 Not Applicable

Zip 33133 Country US

Zip 33133 Country US

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

SIRKIN, ALAN
~~1 LINCOLN ROAD~~
~~#217~~
 MIAMI BEACH FL 33139

Name
 Street Address (P.O. Box Number is Not Acceptable)
 3500 S. Bayhormes Dr.
 City Miami FL Zip Code 33133

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SIRKIN, ALAN	1 LINCOLN RD BUILDING	MIAMI BEACH FL	<input type="checkbox"/>
		3500 S. Bayhormes Dr.	Miami, FL 33133	<input type="checkbox"/>
ST	SIRKIN, ALAN	1 LINCOLN RD BUILDING	MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 01-14-00/99