

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486025

1. Entity Name
2800 HOLDING CO., INC.

Principal Place of Business Mailing Address
3000 SEAVIEW PLACE 3000 SEAVIEW PLACE
FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305-1802

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
TEST, SUSAN J.
3000 SEAVIEW PLACE
FT. LAUDERDALE FL 33305

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

D Delete
MORETH, ROMAN
3000 SEAVIEW PLACE
FT. LAUDERDALE FL 33305

 Delete

 Delete

 Delete

 Delete

 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

400003335094
-07/25/00 Change Addition
*****150.00** *****150.00**

 Change Addition

 Change Addition

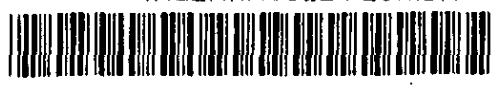
 Change Addition

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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7-20-01** Daytime Phone # **KE**

FILED
00 JUL -5 AM 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CR0304 (9/99)