

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520346

1. Entity Name

HYDRODINE CORP.

FILED

00 JUN 16 AM 9:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

2152 NW 138 Terrace
Pembroke Pines, FL 33028-2626

2. Principal Place of Business

2152 NW 138 Terrace
Suite, Apt. #, etc.

3. Mailing Address

2152 NW 138 Terrace
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

4. FEI Number
59-1718009

Applied For
Not Applicable

Zip Country
33028-2626 U.S.A.

Zip Country
33028-2626 U.S.A.

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

RICHARD D. POLLEY
2152 NW 138 TERRACE
PEMBROKE PINES, FL 33028-2626

Name RICHARD D. POLLEY
Street Address (P.O. Box Number is Not Acceptable)
2152 NW 138 TERRACE
City PEMBROKE PINES FL Zip Code 33028-2626

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 *Richard D. Polley* RICHARD D. POLLEY President/Secretary 6-6-2000
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	<i>FT/S/D/C</i> RICHARD D. POLLEY 2152 NW 138 STREET PEMBROKE PINES, FL 33028-2626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> INGBAR, MARY LEE 305 DUDLEY ST BROOKLINE MA 02318	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> KEITANEH, ANTHONY 777 BROADWAY #527 NEW YORK, NEW YORK 10116	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003299494 --06/21/00--01088--024 ****158.75 ****158.75	<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 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)(f), 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: *Richard D. Polley* RICHARD D. POLLEY 6-6-2000 954-437-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE