

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90049 014 ***150.00

702201



DO NOT WRITE IN THIS SPACE

DOCUMENT # 579385			
1. Entity Name AL SACKS, INC.			
Principal Place of Business P.O. BOX 579 HALLANDALE FL 33008		Mailing Address P.O. BOX 579 HALLANDALE FL 33008	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1834035		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SACKS, ALFRED 20281 E COUNTRY CLUB DR N MIAMI BEACH FL 33180			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	20281 E COUNTRY CLUB DR		
CITY-ST-ZIP	N MIAMI BCH FL		
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	55-07 CEDARHURST AVE		
CITY-ST-ZIP	CEDARHURST NY		
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
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: ALFRED SACKS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date 1/11/01		Daytime Phone # 954 796 9611	

CR2E034 (10/00)