

1/22/01-9

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90125 043 \*\*\*150.00

**DOCUMENT # 646611**

1. Entity Name

**THE 1200 CORPORATION**

Principal Place of Business

P O BOX 69-4173  
 MIAMI FL 33169  
 US

Mailing Address

P.O. BOX 69-4173  
 MIAMI FL 33269-1173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1961623**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LINSENBAUM, SAGE  
 4000 SW 37TH BLVD  
 GAINESVILLE FL 32608

Name **JAZMIN LINSSENBAUM**

Street Address (P.O. Box Number is Not Acceptable)

**2800 SW Williston Rd.****Gainesville FL 32608**

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

*Jazmin Linsenbaum***JAZMIN LINSSENBAUM****1/29/01**

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, 2001 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **LINSENBAUM, DAVID**  
 CITY-ST-ZIP **P O BOX 69-4173, 20431 NE 7TH CT  
 N MIAMI BCH FL 33179**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 807, 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:

*David Linsenbaum* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/01****305/932-8799**

Daytime Phone #

CR2E034 (10/00)