

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90122 013 \*\*\*150.00

**DOCUMENT # 683276**

1. Entity Name  
**SEVEN-FORTY CENTRAL CORP.**

Principal Place of Business      Mailing Address  
**740 ALTON RD**      **740 ALTON RD**  
**MIAMI BEACH FL 33139**      **MIAMI BEACH FL 33139**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2060885**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROTH, ANDREW**  
**740 ALTON RD**  
**MIAMI BCH. FL 33139**

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 *Andrew Roth*      **Andrew Roth**      **4-12-01**

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	
TITLE NAME D PAPIS MADOV, ALEX 740 ALTON ROAD MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME D DUBLINSKI, LEIBEL 740 ALTON RD MIAMI BCH FL 33139	<input type="checkbox"/> Delete
TITLE NAME D ZILBERBERG, SEYMON 740 ALTON ROAD MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME P SHVARTSMAN, BORIS 740 ALTON RD. MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME VP ROTH, ANDREW 740 ALTON ROAD MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME D AROCH, HEUDA 740 ALTON RD MIAMI BEACH FL 33139	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D ROMAN GUMBERG 240 ALTON ROAD MIAMI BEACH FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<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)(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: *Boris Shvartsman*      **BORIS SHVARTSMAN**      **4-12-01**      **305 524 0694**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRE034 (10/00)