2000 UNIFORM BUSINESS REPORT (UBR) DOCLEMENT # 1. putity Name MIAMI BEACH PROPERTIES, INC.			FILED 00 OCT 25 PH 2: 38 SECRETARY OF STATE TALE ANALSTEL. PLONIDA
Principal Place of Business	Mailing Address		
5094B 41st Street Miàmi Beach, FL 33140	4747 Collins / Miami Beach, J		
2. Principal Place of Business 509 B 41st Street Suite, Apt. #, etc.	3. Mailing Address 4747 Collins Suite, Apt. #, etc.	Avenue, #111	DO NOT WRITE IN THIS SPACE
City & State Miami Beach, FL	City & State Miami Beach,	FL	4. FEI Number     Applied For       52-2197113     Not Applicable
Zip Country 33140Miami~Dade 6. Name and Address of Current	Zip - 33140	Country	5. Certificate of Status Desired Status Desired Status Desired Status Desired Fee Required 7. Name and Address of New Registered Agent
	Registered Agent	Name	7. Name and Address of New Registered Agent
Joe Felton 4747 Collins Avenue, #1111 Miami Beach, FL 33140		Street Addres	ss (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
<ul> <li>8. The above named entity submits this statement for SIGNATURE</li></ul>	r the purpose of changing its and title if applicable. (NOTE FILE NOWI After SEPTEMBER 1	registered office or regis E: Registered Agent signature requining III FEE IS \$550.00 3, 2000 Min. will be \$7	stered agent, or both, in the State of Florida.
<ul> <li>8. The above named entity submits this statement for</li> <li>SIGNATURE</li></ul>	r the purpose of changing its and title if applicable. (NOTE FILE NOWI After SEPTEMBER 1 Make Check Payat DIRECTORS	registered office or regis E: Registered Agent signature requi	
8. The above named entity submits this statement for     SIGNATURE     Signature, typed or printed name of registered agent is     This corporation is eligible to satisfy its Intangible     Tax filing requirement and elects to do so.     (See criteria on back)     I1.     OFFICERS AND     III.     President     AMME     SIREET ADDRESS     Joe Felton	r the purpose of changing its and trie if applicable. (NOTE FILE NOW/ After SEPTEMBER 1 Make Check Payat DIRECTORS	registered office or regis E: Registered Agent signature requining III: FEE IS: \$550.00 3, 2000 Min.: with be \$7 ple to Department of S	stered agent, or both, in the State of Florida.  ured when reinstating)  10. Election Campaign Financing Trust Fund Contribution.  Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  S00003447995511  -11/02/0001007010
8. The above named entity submits this statement for     SIGNATURE     Signature, typed or printed name of registered agent is     This corporation is eligible to satisfy its Intangible     Tax filing requirement and elects to do so.     (See criteria on back)     11. OFFICERS AND     TILE     NAME     STREET ADDRESS     Joe Felton     CITY-ST-ZIP     4747 Collins Ave, #1     TILE     NAME     STREET ADDRESS	r the purpose of changing its and trie if applicable. (NOTE FILE NOW/ After SEPTEMBER 1 Make Check Payat DIRECTORS	registered office or regis E: Registered Agent signature requining State of the state of the sta	stered agent, or both, in the State of Florida.  ured when reinstating)  10. Election Campaign Financing  Trust Fund Contribution.  Added to Fees  State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change CAddition
8. The above named entity submits this statement for     SIGNATURE     Signature. typed or printed name of registered agent is     Signature. type of the typ	r the purpose of changing its and title if applicable. (NOTE FILE NOW/ After SEPTEMBER 1 Make Check Payat DIRECTORS Delete	registered office or regis E: Registered Agent signature requining the second signature structure stru	stered agent, or both, in the State of Florida. ured when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition SCOCOCI34479955-11 -11/02/00-01007-010 *****150,00 *****150,00
8. The above named entity submits this statement for     SIGNATURE     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature.typed or printed name of registered agent if     Sign	r the purpose of changing its and title if applicable. (NOTE FILE NOWI After SEPTEMBER 1 Make Check Payat DIRECTORS Delete	registered office or regis E: Registered Agent signature requination requination requination and the second statement of S second statement of S second statement of S street ADDRESS second statement and street ADDRESS street ADDRE	stered agent, or both, in the State of Florida.  ured when reinstaling)  10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  SOCOO34479995 1  -11/02/0001007010  *****150.00  Change Addition
8. The above named entity submits this statement for     SIGNATURE     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. typed or printed name of registered agent if     Signature. This corporation is eligible to satisfy its Intangible     Tax filing requirement and elects to do so.     (See criteria on back)     Signature. The president     Signature. The president     Signature.     Signature.	r the purpose of changing its and title if applicable. (NOTE FILE NOWI After SEPTEMBER 1 Make Check Payat DIRECTORS Delete	registered office or regis E: Registered Agent signature requind III: FEE: IS: \$550.00 3, 2000 Min.: will be \$7 3, 2000 Min.: will be \$7 12. TITLE NAME STREET ADDRESS FID: CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	stered agent, or both, in the State of Florida.  ured when reinstaling)  10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  SOCOO34479995  10. Election Campaign Financing Change Addition  Change Addition  Change Addition  Change Addition



## MIAMI BEACH PROPERTIES, INC.

Investment Property Management

JOE FELTON	OFF: (305) 672-1778
President	FAX: (305) 531-6700
	E-MAIL: jfmiami@aol.com

October 16, 2000

Florida Department of State Divisions of Corporations P.O. BOX 6327 Tallahassee, Florida 32314 ATTN: Cristin

Tallahassee, Florida 52514 -ATTN: Cristin RE: Miami Beach Realty Corporation 65-0104979 Miami Beach Properties, Inc: 52-2197113

Cristin:

Thank you for your understanding the situation that created a big problem with our office. As i mentioned withchanged my address a year ago, and was surplised when my bookkeeper advised me that the above corporations were not renewed as there was no record of receiving the renewals. How embarrassing!

Therefore, per your request, please find enclosed (2) checks to cover the the reinstatement.

Thank you again for your kind consideration.

Joe Felton President

.....

REPLY TO: 4747/COLLINS AVENUE, SUITE 1111//MIAMI/BEACH FLORIDA/33140