

05-05-2000 90110 043 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 Entry Name
 4000 HOLDINGS, INC.

F93000004564

Global Place of Business
 7900 Island Blvd.
 NMB, FL 33160

Mailing Address
 7900 Island Blvd.
 NMB, FL 33160

1 2 1 2 0 0 9

Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0445957

Applied For
 Not Applicable

5. Name and Address of Current Registered Agent
 Matus, Alan
 7900 Island Blvd.
 North Miami Beach, FL 33160

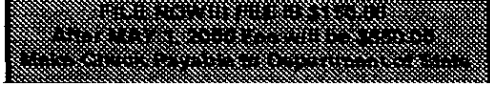
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)



10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PSD Matus, Alan 7900 Island Blvd, NMB, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V Lieb, James M. 7900 Island Blvd., NMB, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS Topey, Carite 7900 Island Blvd., NMB, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/25/00 (305) 937-7823
 Date Daytime Phone #

CR2E034 (9/99)