2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F93000004567

1. Entity Name

3000 HOLDINGS, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90090 018 ***150.00

•											
Principal Place of Business 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160				Mailing Address 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160							10 mm
2. Principal P	lace of Busin	ness	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE I	F MAKING	CHANGES	
City & State	e		City & State				4.	FEI Number 65-0445954			plied For t Applicable
Zip	Country		Zip	Zip		Country		Certificate of Status Desired		8.75 Add ee Required	
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
						Name					
MATUS, ALAN I 7900 ISLAND BOULEVARD						Street Addre	ss (P.O. E	Box Number is Not Acceptable)		
NORTH M	IAMI BEAC	H FL 33160									
						City			FL	Zip Code	e
	named entit ions of regist		or the purp	ose of changing its	register	ed office or regi	stered ag	gent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed	for printed name of registered agent	and title if app	licable. (NOT	E: Registere	d Agent signature rec	quired when r	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fin Trust Fund Contribution			0 May Be I to Fees
10.		OFFICERS AND		RS	11.		ΑΓ	L DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE	PSD	OT TOLINO FILE	DIFICOTO	☐ Delete	TITL			337110710710111110101101101101101101101101		Change	Addition
NAME	MATUS, A	ALAN			NAM	E					
STREET ADDRESS	I	and Blvd.			STRE	EET ADORESS					
CITY-ST-ZIP	NORTH M	IIAMI BEACH FL 33160)		CITY	-ST-ZIP					
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NAME	Lieb, Jan				NAM	- 1					1
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CITY-ST-ZIP		BEACH FL 33160				-ST-ZIP					
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TITLE	VAS	BEACH 1E 30100		Delete	TITL		.			☐ Change	Addition
NAME	HIRSCH,	MARK		☐ Delere	NAM	ŀ					
STREET ADDRESS		NGTON AVENUE				ET ADDRESS					
CITY-ST-ZIP		RK NY 10174			CITY	-ST-ZIP					
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NAME					. NAM	t					-
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CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Se								110.07/9Vi) Elorido Chabras I	further seri	futbat that	oformation
12. Thereby of	certity that th	ie information supplied wit	n this tilina	goes not quality to	r the exe	imption stated i	n Section	T 19.07(3)(1), FIORIDA STATUTES. I	runner cert	iy inal the If	normation

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 937-7800

Date

Daytime Phone #

CR2E034 (10/02)