2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90040 015 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000005936

1. Entity Name

FIRST SOUTH AFRICA MANAGEMENT CORP.

Principal Place of Business	Mailing Address
2307 DOUGLAS AVE 400 MIAMI FL 33145 US	1348 WASHINGTON AVE PMB 155 MIAMI BCH FL 33139-4212 US

2. Principal Place of Business		3. Mailing Address	
6100 GLADES RD.		6100 GLADES RD.	
Suite, Apt. #, etc.: SUITE 305		Suite, Apt. #, etc.: SUITE 305	
City & State: BOCA RATON, FL		City & State: BOCA RATON, FL	
Zip: 33434	Country: USA	Zip: 33434	Country: USA

4. FEI Number 65-0618087 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KABATZNIK, CLIVE
2625 SOUTH BAYSHORE, SUITE 606
COCONUT GROVE FL 33133

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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PCST KABATZNIK, CLIVE 2625 S BAYSHORE, STE 702 COCONUT GROVE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROTHMAN, HENRY 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Clive Kabatznik 4/3/00 561-479-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #