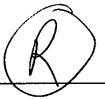
## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F99000002791

1. Entity Name

## P'TACH OF BALTIMORE, INC.



Mailing Address

4445 OLD COURT RD. BALTIMORE MD 21208

Principal Place of Business

4445 OLD COURT RD. BALTIMORE MD 21208 Sep 07, 2000 8:00 am Secretary of State

09-07-2000 90038 040 \*\*\*\*61.25

2. Principal P	lace of Busir	ness	3. Maili	3. Mailing Address				DO NOT WRITE IN THIS SPACE							
Suite, Apt.	#, etc.	****	Sui	Suite, Apt. #, etc.											
City & State			City	City & State				4. FEI Number 52-1275596						pplied For ot Applicable	
Zip	Country Zip			p Country			5	5. Certificate of Status Desired							
		7. Name and Address of New Registered Agent						gent							
		and Address of Curre		÷		Name	~ <del>~~</del> ~-			<u>_</u>	_			ì	
BENHAMOU, JACOB 4100 N: POWERLINE RD Y3 POMPANO BEACH FL 33073						Street Address (P.O. Box Number is Not Acceptable)									
OWNER	DEACH F		City							FL	Zip Coo	de			
SIGNATURE  Signature, typed or printed name of registered agent and little if applicable. (NOTE: Reg  FILE NOW: FEE IS \$61.25  After September 13, 2000 min. will be \$236.25  Trust Fund Contri						oution. Added			May Be Make Check Pay o Fees Department of			of State			
10.		OFFICERS AND	DIRECTORS		11.		ADE	PITIONS	CHANG	ES TO OF	FICERS	AND DIF	RECTORS I	0 <u>t</u> N	
TITLE + NAME STREET ADDRESS CITY-ST <sup>*</sup> ZIP	KLEIN, IS 10 N. CA BALTIMO	LVERT ST STE 530		☐ Delete			Davi 6211 Bat		Fini Benl MC	\ \ \ \	120	RD.	☐ Change	Addition	
TITLE NAME Street Adoress City-St-ZIP		IIN, SENA STRATHMORE AVE RE MD		☐ Delete				•				· 	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		n, judith Een meadow Pkwy Re MD	1	☐ Delete									☐ Change	Addition	
TITLE Name Street address City-St-Zip		STEVEN N STBROOK RD RE MD		Delete	- 8					,			☐ Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP				Delete									☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete									Change	☐ Addition	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: