

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 PM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G78178**

1. Entity Name
FILINGS, INC.

Principal Place of Business
**3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311-4132**

Mailing Address
**3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311-4132**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2517007**

Applied For
Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HEYMAN, L
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311**

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	DP	<input type="checkbox"/> Delete
NAME	HEYMAN, LESLIE	
STREET ADDRESS	3732 N.W. 16TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAYDEN, ROBERT	
STREET ADDRESS	3732 NW 16TH ST.	
CITY-ST-ZIP	FL LAUDERDALE FL 33311	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	HEYMAN, BONNIE	
STREET ADDRESS	3732 NW 16TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROMAN, THERESA	
STREET ADDRESS	3732 NW 16TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROMAN, BENIGNO	
STREET ADDRESS	3732 NW 16TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, BRENDA	
STREET ADDRESS	3732 NW 16TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800003260188--4
CITY-ST-ZIP	-05/19/00--01115--021
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Leslie Heyman Prudes Y/Hou 954-791-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)