

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90137 042 \*\*\*150.00

0104104

**DOCUMENT # G87011**

1. Entity Name  
**ONE HUNDRED THIRTY-SIX, INC.**

Principal Place of Business <b>C/O LOWY &amp; LEFF</b> <b>1550 S DIXIE HWY. STE. 210</b> <b>CORAL GABLES FL 33146</b> <b>US</b>	Mailing Address <b>C/O LOWY &amp; LEFF</b> <b>1550 S DIXIE HWY. STE. 210</b> <b>CORAL GABLES FL 33146</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2369401**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWY, SIMON**  
**1550 S DIXIE HWY, STE. 210**  
**CORAL GABLES FL 33146**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LEFF, MICHAEL</b>	
STREET ADDRESS	<b>6441 SW 134 DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>STR</b>	<input type="checkbox"/> Delete
NAME	<b>LOWY, SIMON</b>	
STREET ADDRESS	<b>14320 SW 74 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] **Sec/Treas** Date: 2/8/01 Daytime Phone #: 305-444-4444

CR2E034 (10/00)