DOCUMENT # 1+04		A INB	R)	″ <b>А</b> по	FILED 17, 2000	8·00 am
1. Entity Name  Ronald Rub	ensteini 1	<i>'</i>	'	Sec	retary of	State
CONUCD NOV		7 C		07-0	6-2000 90008 043 *	***150.00
Principal Place of Business	Mailing Address		·			
1565NW 121 Dr	1565 NW	121 131				
Coral Springs FL3307	1 Com/Spri	733071				
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			<u> </u>	VRITE IN THIS SPACE	
City & State	City & State	•	√ 4. F	597-2430	3689 A	Applied For Not Applicable
Zip Country	, Zip	Country	ł	Certificate of Status Desire	\$8.75 ^	dditional
8. Name and Address of Curr	ent Registered Agent	<b>^</b>	7. N	ame and Address of Ne	w Registered Agent	
Lipnack Mai	Name	Hilaniserchay				
7880 W Oakla	Street A	Street Address (P.O. Box Number is Not Acceptable)			}	
Suite 300	,			Helia		
FTLavoorpale	City		vorionle	FL Zio Co	309	
The above named entity submits this statement	nt for the purpose of changing its	registered office o	r registered age	ent, or both, in the State of		
				ı	6/30/00	
Signature, typed or printed name of registered a	gent and title pipicable. (NOT	E: Registered Agent signal	ture required when rea	nstaling)	DATE	
This corporation is eligible to satisfy its Intang     Tax filing requirement and elects to do so.     (See criteria on back)	Annual Control of the Late of the Control of the Co	III.FEE IS \$150. 000 Fee will be \$	550.00	10. Election Campaign Trust Fund Contrib		00 May Be
	ND DIRECTORS	12.	ADI	DITIONS/CHANGES TO U	OFFICERS AND DIRECTOR	3S IN 11
TILE PD	☐ Delete	TITLE	· h	en Asso	☐ Change	Addition &
AME Rubenstein R	conalD	NAME STREET ADDRESS	5000	3 3 5 We	secity.	34 (
TITREET ADDRESS 1095 1565 NW	FL 3307/	CITY-ST-ZIP		notation in	33305	C R2E034 (9)99   notitibity
TITLE CONTRACTOR OF THE PROPERTY OF THE PROPER	☐ Delete	TITLE	+re-cus	re f	" Change	Addition 5
lame Street address		NAME STREET ADORESS	Serene	su 33 Are	SKIIT	
CITY-SI-ZIP		CITY-SI-ZIP	FTL	a-vervale F	233309	
rrtte	Delete	TITLE			☐ Change	Addition
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ITLE	☐ Delete	TITLE		İ	☐ Change	Addition
NAME		NAME		İ	•	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		į		
I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee etc.	rt is true and accurate and that n mpowered to execute this report	the exemption stal ny signature shall h as required by Cha	ave the same le	MALERECLES IL MAGE UDG	er nam: mai i aili ali uliucci	i di dilactor I
changed, or on an attachment with an address	ss, with all owner like empowered.	/ OperaHA7	,	6/28/00	954.484	3900
SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime Phone #	

DOC# H 4614

June 26, 2000

## FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

To whom it may concern:

While visiting my accountant during the second week in June to complete my federal tax extention, he saw a check was never issued for the 2000 Uniform Business Report. I did not send in my check before the May 1, 2000 deadline because I never received the report in the mail.

Thank you in advance for your cooperation in this matter.

Sincerely,

Ronald Rubenstein