

2000 UNIFORM BUSINESS REPORT (UBR)

0390184

DOCUMENT # H20277

1. Entity Name

FIRST STREET CORPORATION

FILED

01 MAR 13 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

2875 S OCEAN BLVD
#215
PALM BEACH FL 33480-5590
US

~~2875 S OCEAN BLVD~~
~~#215~~
~~PALM BEACH FL 33480-5590~~
US

*724 N. 1st St
Minneapolis, MN*

55401-1142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

537 WHIPPOOR WILL TRAIL

724 NO FIRST ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W PALM BEACH, FL

City & State

MPLS, MN

4. FEI Number

59-2455149

Applied For

Not Applicable

Zip

33411

Country

USA

Zip

55401

Country

USA

5. Certificate of Status Desired **2**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACK, STEPHEN L.
3140 SOUTH OCEAN BLVD.
PALM BEACH FL 33480**

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 *X*

[Signature]

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

DATE

2-21-01

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 Delete
WALLACK, STEPHEN L.
STREET ADDRESS
3140 S. OCEAN BLVD.
CITY-ST-ZIP
PALM BEACH FL 33480

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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: *X*

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X/12-28-00 X/12-338-8861

C. Licia Lurie, Besikof, Lapidus & Co., LLP Certified Public Accountants

CR2E034 (9/99)

REINSTATEMENT 00-01-18

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***917.50 ***917.50**