2001 UNIFORM BUSINESS REPORT (UBR) FILED Jul 10, 2001 8:00 am

DOCUMENT # H83248 1. Entity Name						Secretary of State 06-22-2001 90003 024 ***150.00				
NEW D	IRECTIONS INTERNATIONAL,	INC.	•			06-22-2001 07-10-2001				
Principal Pla	ace of Business	Mailing Address			\dashv					
3055 HARBOR	! DR	3055 HARBOR DR				D				
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2. Principal Place of Business		3. Mailing Address					PIRII ALAK A			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	4. FEI Number 59-2095034 Applied For Not Applied by				
Zip Country		Zip Cour		ntry	5.	5. Certificate of Status Desired \$8.75 A Fee Requi		8.75 Ad	Iditional	4
	6. Name and Address of Current	Registered Agent	<u> </u>		7.	Name and Address of New Regis			,0	\dashv
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SIEGEL, D H 3055 HARBOR DR				Street Addre	ess (P.O.	Box Number is Not Acceptable)	<u> </u>			1
	1603 IT LAUDERDALE FL 33316						1			7
ron	וו בייסטבעמער גר 200 ומ		•				FL	Zip Cod	le	1
8. The above	e named entity submits this statement for	or the purpose of changing its	register	ed office or rec	istered a	gent, or both, in the State of Florida		L		\dashv
			•	•		•	•			1
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable. (NOTE	: Registere	d Agent signature re	quired when I	reinstating)	DATE			
9. This corp	oration is eligible to satisfy its Intangible	1								-
Tax filing requirement and elects to do so.		After MAY 1, 20	will be \$550.		 Election Campaign Financi Trust Fund Contribution. 	ing		May Be		
11.	oria on back) OFFICERS AND	Make Check Payab		partment of						1
TITLE	V	Dalate	12.	: [AL	DOITIONS/CHANGES TO OFFICER		Change	S IN 11	18
NAME	SIEGEL, MARIA S		NAM!	1				J		ΙŠ
STREET ADDRESS CITY-ST-ZIP	3055 HARBOR DR #1603 FORT LAUDERDALE FL 33316			ET ADORESS -ST-ZIP						CR2E034 (10/00)
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NAME	SIEGEL, DAVID H		NAM	:			i -	, onenge	LJ 7400MON	ਹ
STREET ADDRESS CITY-ST-ZIP	3055 HARBOR DR #1603 FORT LAUDERDALE FL 33316			ST-ZIP						-{
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CITY-ST-ZIP	· 		CITY-	T ADDRESS ST-ZIP					ı	
13. I hereby of indicated of the corp changed,	ertily that the information supplied with on this report or supplemental report is poration or the recover or trustee expo- or on an attachment with an arrangess, w	this filing does not qualify for t true any accurate and that my wered of execute this report a fith all gine like empowered.	he exem / signatu s require	nption stated in tre shall have it ad by Chapter (Section 1 he same l 607, Florid	19.07(3)(i), Florida Statutes. I furth egal effect as if made under oath; i da Statutes; and that my name app	er certify that I am a ears in Blo	hat the inf in officer o ock 11 or	formation or director Block 12 if	
SIGNAT	URE: MILLA	. / / /	SI	GEL.		6-18-01 3	305-4 Dayum	133-1	8779	