

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J61494

1. Entity Name

SPACE ORGANIZERS, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90040 012 ***150.00

Principal Place of Business 13205 US HWY 1 #111 SEMINOLE PLAZA JUNO BEACH FL 33408 US	Mailing Address 13205 US HWY 1 #111 SEMINOLE PLAZA JUNO BEACH FL 33408 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13205 US Highway one Suite, Apt. #, etc. 602	3. Mailing Address 13205 US Highway one Suite, Apt. #, etc. 602
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City & State Juno Beach, FL	City & State	Zip 33408	Country USA
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4. FEI Number 58-1724710	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FREEDLAND, DANIEL S. 54 IRONWOOD WAY N. PALM BEACH GARDENS FL 33418	7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 13205 US Highway one Suite 602 City Juno Beach FL Zip Code 33408
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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 Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FREEDLAND, DANIEL S. 54 IRONWOOD WAY N. PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13205 US Highway one, Suite 602 Juno Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEDLAND, SUSAN A. 54 IRONWOOD WAY N. PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13205 US Highway one, Suite 602 Juno Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Daniel S. Freedland</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/24/00 Date	561-694-8611 Daytime Phone #
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CR2E034 (9/99)