

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # K14259**

1. Entity Name  
 SLOOP VENTURES, INC.

Principal Place of Business 2888 E OAKLAND PARK BLVD FT LAUDERDALE FL 3306 US	Mailing Address PO BOX 11180 FORT LAUDERDALE FL 333391180 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-2499968</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent BEYER RUSSELL RUSSELL BEYER, P A 2888 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33306 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable

01/21/2000  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PDST <input type="checkbox"/> Delete	TITLE	PDST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	PDST <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	PDST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, ALVIN	NAME	BENJAMIN ALVIN	NAME		NAME	
STREET ADDRESS	377 OAK ST	STREET ADDRESS	377 OAK ST	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY	CITY-ST-ZIP	GARDEN CITY NY 11530	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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: Alvin Benjamin P 01/21/2000