2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46076 1. Entity Name

THIRTEEN CEVENTY NINE CO

FILED Jan 25, 2001 8:00 am Secretary of State

| NAME STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33160 CITY-ST-ZIP MIAMI BCH FL 33160 CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33160 CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33160 CITY-ST-ZIP MIAMI BCH FL 33160 CITY-ST-ZIP | ININICO | IN SEVENTY NINE CU | | | | | 01-25-2001 | 90101 047 | ***150 | .00 |
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| Suite, ApJ. #, etc. Suite, ApJ. #, etc. DO NOT WRITE INTHIS SPACE | 231 174TH STREET 1614 MIAMI BCH FL 33160 | | 231 174TH STREET 1614 MIAMI BCH FL 33160 | | | ! ! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! | DINIË BANK REAN (Ne | ia ahli Shali didili | ikaki sidak dil | Pir Albii LDQ! |
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| Zip Country Zip Country S. Carlifront of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired See Required Fee Required Fee Required Fee Required Manne Street Address of New Registered Agent | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WR | ITE IN THIS SP | ACE | |
| Second Country Sign Country Sign Country Sign Second | City & State | | City & State | | 4. 1 | 00 0E11000 | | | | |
| BEKER, YAKOV 231 174TH STREET 1814 MIAMI BCH FL 33160 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. 9. This corporation is eligible to satisfy its Intangiblo Tax filing requirement and elects to do so (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. TYPIN STREET, SUITE 1614 MIAMI BCH FL 33160 14. Election Campaign Financing Frust Fund Contribution. 15. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 15. Delete 16. Election Campaign Financing Frust Fund Contribution. 17. Addition 18. Election Campaign Financing Frust Fund Contribution. 18. Election Campaign Financing Frust Fund Contribution. 19. Election Campaign Financing Frust Fund Contribution. 10. Election Campaign Financing Frust Fund Contribution. 11. OFFICERS AND DIRECTORS 17. ST. 2P 18. Election Campaign Financing Frust Fund Contribution. 18. Election Campaign Financing Frust Fund Contribution. 19. Election Campaign Financing Frust Fund Contribution. 10. Election Campaign Financing Frust Fund Contribution | Zip | Country | Zip | Country | 5. (| Certificate of 5 | Status Desired | \$ | 8.75 Ad | ditional |
| BEKER, YAKOV 231 174TH STREET 1614 MIAMI BCH FL 33160 City FL Zio 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 Siorida. SIGNATURE Signature, hyped or presed rome or registered agent and tax a Explicable. (NOTE: Registered Agent Sprows recurred when religioning) After MAY 1, 2001 Fee will be \$55,000 May Be Addition to back) excited and back in the Acets to do so. After MAY 1, 2001 Fee will be \$55,000 May Be Addition to back) excited and back in the Acets Repaired Agent Sprows recurred when religioning Trust Fund Contribution. BEKER, YAKOV 231 174TH STREET #1614 INIE INIE INIE STREET ADDRESS CITY-ST-2P INIE STREET ADDRESS CITY-ST-2P INIE STREET ADDRESS CITY-ST-2P INIE MAMI BCH FL 33160 Delete INIE STREET ADDRESS CITY-ST-2P Change Addition Addition INIE MAME STREET ADDRESS CITY-ST-2P INIE MAME STREET ADDRESS CITY-ST-2P INIE MAME STREET ADDRESS CITY-ST-2P Change Addition Addition | | 6. Name and Address of Current Ro | egistered Agent | · · · · · · · · · · · · · · · · · · · | | Name and Ad | Idress of New | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Name | | | | | | |
| ### BCH FL 33160 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 Expression Florida Expression Exp | | | | Stree | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 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, hyped or precise name of registeres agent and see if applicable (NOTE: Registered Agent Standard Agent Standar | | | | | | ·- | | | | |
| SIGNATURE Symalum, hypad or printed name of registered agent and late if applicable. (NOTE Hagastered Agent stürnsture received when remotioning) DATE | MIAN | M BUH FL 33160 | | City | | | | FL | Zip Cod | le le |
| SIGNATURE Surface, hypod or printed name of registrated agent and late if applicable. NOTE: Hegalitered Agent stricture recuired when remotationg) DATE | 8. The above | named entity submits this statement for t | the purpose of changing its re | aistered office | or registered ag | ent or both i | in the State of F | lorida. | | |
| Tax filing requirement and elects to do so (See criteria on back) | | | | | | ainstating) | | DATE | | |
| TITLE NAME BEKER, YAKOV 231 174TH STREET #1614 STREET ADRESS CITY-ST-ZIP MIAMI BCH FL 33160 TITLE NAME BEKER, GALINA STREET ADRESS CITY-ST-ZIP MIAMI BCH FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE NAME NAME NAME NAME NAME NAME NAME NAM | Tax filling requirement and elects to do so. After MAY | | | l Fee will be | \$550.00 | 1 | | | | |
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| 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 | | partify that the information discalled with the | ole filing does not explify for the | · | totad in Caption : | 110.07/20/20.5 | Ilorida Ctatuta | I further early | shot the t | nformation |

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: