

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90014 022 ***155.00

DOCUMENT # L69724
 1. Entity Name
50441, INC.

Principal Place of Business 18260 NE 19 AVE SUITE 202 N MIAMI BEACH FL 33162	Mailing Address 18260 NE 19 AVE SUITE 202 N MIAMI BEACH FL 33162-1632
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18628 OCEAN MIST DRIVE Suite, Apt. #, etc.	3. Mailing Address 18628 OCEAN MIST DRIVE Suite, Apt. #, etc.
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City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33498	Country
Zip 33498	Country

4. FEI Number 65-0229438	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSENFELD, ALEXANDER M.
 18260 NE 19 AVE
 SUITE 202
 N MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
 Name: BEN GOODMAN
 Street Address (P.O. Box Number is Not Acceptable): 18628 OCEAN MIST DRIVE
 City: BOCA RATON FL Zip Code: 33498

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: BEN GOODMAN BEN GOODMAN DATE: 3-26-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE P	ROSENFELD, ALEXANDER M. 18260 NE 19TH AVE #202 N MIAMI BEACH FL
<input checked="" type="checkbox"/> Delete	
TITLE	
<input type="checkbox"/> Delete	
TITLE	
<input type="checkbox"/> Delete	
TITLE	
<input type="checkbox"/> Delete	
TITLE	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/T	GOODMAN BEN 18628 OCEAN MIST DRIVE BOCA RATON, FL 33498
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S/D	GOODMAN, SALLY 18628 OCEAN MIST DRIVE BOCA RATON, FL 33498
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	

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: BEN GOODMAN BEN GOODMAN DATE: 3/26/00 (561) 482-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)