2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600001008 1. Entity Name CORP. BOX, L.Ł.C.						DIVISION OF CORPORATIONS 00 MAR 20 PH 12: 33					
Principal Place of Business Mailing Address					THE THE PHILE 33						
10045 NW 98TH AVENUE PO BOX 728					mf 3/22/00						
MEDLEY FL 33178 . MINEOLA NY 11501-0728			}		79 31201						
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Principal Place of Business 3. Mailing Address					<u> </u>						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FEI Nu	^{mber} 65-0702483	 }		oplied For	7		
Zip	Country	Zip	Country		5 Certific	ate of Status Desired		5.00 Ad	ditional	1	
6. Name and Address of Curren		Posistered Agent	<u> </u>					ee Require	d	╣-	
	6. Name and Address of Current	negistered Agent		Name	/. Name	and Address of New F	iegistered A	gent	-	1	
WOLFE, LEON J					Street Address (P.O. Box Number is Not Acceptable)						
100 SOUTHEAST SECOND ST. STE 3500					P.O. BOX NU	Tiber is Not Acceptable	e) 	_,		_}	
NATIONS	BANK TOWER							}			
MIAMI FL	33131-2130			City		-	FL	Zip Cod	е	7	
8. The above named entity submits this statement for the purpose of changing its registered office or registere					red agent, or	both, in the State of Flo	orida.		-	7	
			-	_	-						
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	d Agent signature required	when reinstating		DATE				
			OW!!! F							1	
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9.	MANAGING MEMBI	_ 	10.			ADDITIONS	CHANGES] €	
TITLE Name	MGR ROTHSTEIN, HARVEY	C Delete	TITLE	ļ				Change	Addition	6/6/	
STREET ADDRESS	10045 NW 88TH AVENUE			FT ADDRESS						2FnR3 (9/99)	
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NAME STREET ADDRESS	/ //		NAME	T ADDRESS							
CITY-81-ZIP	/			ST-ZIP							
11. I hereby o	ertify that the information supplied with	this filing does not qualify fo	r the exer	nption stated in Se	ection 119.07	(3)(i), Florida Statutes.	further certi	fy that the in	nformation	1	
indicated	on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same	legal effect as if n	nade under o	ath: that I am a manac	ung member	or manage	r of the		
		- 1 3 Jan - 1	ت حدد المحدد ال	7					_		
SIGNAT		UREHAVOOR				01/10/00	516	741-79	_کھا		
	SIGNATURE AND TYPED OR PRIN	ITED NAME OF SIGNING MANAGING	MEMBER O	H MANAGER		Dāte	Day	time Phone #		1	