FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99142  1. Entity Name  DONEAGAIN, INC.					Jan 31, 2001 8:00 am Secretary of State 01-31-2001 90189 037 ***150.00			
Principal Place of Business 2950 N 28TH TERRACE HOLLYWOOD FL 33020		Mailing Address  C/O THE CONTINENTAL GROUP. LTD 2950 N 28TH TERRACE HOLLYWOOD FL 33020						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4</b> . F	El Number 65-0229279		oplied For ot Applicable	
Zip	Country		ountry	<b>5.</b> C	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current Re	egistered Agent	<u> </u>	7. N	lame and Address of New Registered	J Agent		
	ATZ, RICHARD E ESQ	Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)					
2200 MUSEUM TOWER, 150 W. FLAGLER ST								
MIAMI FL 33130			City		FL Zip Code			
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, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		tate				
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDS GOMBERG, GENE D. 2950 N 28TH TERRACE HOLLYWOOD FL 33020 PD STRUNIN, RICHARD 2950 N 28TH TERRACE HOLLYWOOD FL 33020	☐ Delete	12.  TITLE  NAME  STREET ADDRESS  DITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  DITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS Change Change	S IN 11 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CRISTENSEN, STEVEN 2950 N 28TH TERRACE HOLLYWOOD FL 33020		TITLE  NAME  STREET ADDRESS  OTTY-ST-ZIP			☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip			ITLE IAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME Street Address City-St-Zip			TITLE  JAME  STREET ADDRESS  CITY-ST-ZIP	1-20		Change	Addition	
TITLE Name Street address City-St-Zip			ITLE IAME STREET ADDRESS SITY-ST-ZIP			☐ Change	☐ Addition	
<ol> <li>I hereby of indicated of the corchanged,</li> </ol>	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empore, or on an attachment with an address	is filing does not qualify for the e ye and accurate and that my sig erect execute this report as rec in act of like empowered.	exemption stated in S nature shall have the quired by Chapter 60	Section 1 e same le 07, Florid	19.07(3)(i), Florida Statutes. I further ca egal effect as if made under oath; that da Statutes; and that my name appears	ertify that the in am an officer in Block 11 or	nformation or director Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 925-8200 Baytime Phonon-122