

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M31750**

1. Entity Name  
**FORTY-SIX CORP.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90135 001 \*\*\*150.00

Principal Place of Business 6465 SW 132 ST. 1010 EAST ADAMS STREET MIAMI FL 33156 US	Mailing Address C/O MICHAEL D KLOTZ 6465 SW 132 ST MIAMI FL 33156-7038 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2675115</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KLOTZ, MARIANN**  
**6465 SW 132 ST**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip 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 Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input 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

TITLE	S	<input type="checkbox"/> Delete
NAME	<b>KLOTZ, MARIANN</b>	
STREET ADDRESS	<b>6465 SW 132 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>KLOTZ, MICHAEL D</b>	
STREET ADDRESS	<b>6465 SW 132 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>KLOTZ, MARIANN</b>	
STREET ADDRESS	<b>6465 SW 132 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Mariann Klotz **MARIANN KLOTZ** 4/11/00 305-545-8727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)