

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004229

1. Entity Name

STILL STANDING 2000, INC.

Principal Place of Business

3600S. STATE ROAD 7
SUITE 302
MIRAMAR FL 33023

Mailing Address

PO BOX 510101
MIAMI FL 33151

2. Principal Place of Business

RT 1 BOX 234
Suite, Apt. #, etc.

3. Mailing Address

RT 1 BOX 234
Suite, Apt. #, etc.

City & State

MONTICELLO, FLORIDA

Zip

32344

Country

U.S.A.

City & State

MONTICELLO, FLORIDA

Zip

32344

Country

U.S.A.

4. FEI Number

65-0934180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIHAD, ISMAIL
500 NE 26TH TERR APT 3-A
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name
ISMAIL JIHAD

Street Address (P.O. Box Number is Not Acceptable)

RT. 1 BOX 234

City

MONTICELLO

FL

Zip Code

32344

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BROWN, OGDEN
STREET ADDRESS 20002 NW 12TH COURT
CITY-ST-ZIP MIAMI FL 33169

TITLE DT ☐ Delete
NAME BROWN, RUTH
STREET ADDRESS RT 1 BOX 234
CITY-ST-ZIP MONTICELLO FL 32344

TITLE DS ☐ Delete
NAME MILLS, ADRIAL
STREET ADDRESS RT 1 BOX 234
CITY-ST-ZIP MONTICELLO FL 32344

TITLE OP ☐ Delete
NAME JIHAD, ISMAIL
STREET ADDRESS 500 NE 26TH TERR APT 3-A
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE OP ☒ Change ☐ Addition
NAME JIHAD, ISMAIL
STREET ADDRESS RT 1 BOX 234
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90106 050 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)