2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90246 040 ***150.00

DOCUMENT # P00000015231

1. Entity Name

142 PHASE II, INC.

2. Principal Place of Business	3. Mailing Address
100 JEFFERSON AVE	100 JEFFERSON AVE
Suite/Apt. #, etc.: 10001	Suite, Apt. #, etc.: 10001
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH, FL
Zip: 33139 Country: US	Zip: 33139 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0988180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: KAHN, MORRIS
Street Address (P.O. Box Number is Not Acceptable): 100 JEFFERSON AVE STE 10001
City: MIAMI BEACH FL Zip Code: 33139

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: Morris Kahn Morris Kahn, DATE: 4/23/01
Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
MORRIS KAHN

9. The corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. ☑ (See criteria on back)

FILING FEE NOW IS $150.00
IF FILED AFTER MAY 1, 2000 FILING FEE IS $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PRESIDENT KAHN, AUDREY 100 JEFFERSON AVE STE 10001 MIAMI BEACH, FL 33139
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition ST KAHN, MORRIS 100 JEFFERSON AVE STE 10001 MIAMI BEACH, FL 33139
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (6/00)

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 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: Morris Kahn Morris Kahn 4/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #