

3/8/

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 05, 2001 8:00 am
Secretary of State

03-08-2001 90078 026 ***158.75

DOCUMENT # P00000023828

1. Entity Name

1610 CONVERSION INC.

Principal Place of Business

Mailing Address

STE.700 1 N.E. 1 STREET
MIAMI FL 33132STE.700 1 N.E. 1 STREET
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

13132 W. Dixie Hwy.

13132 W. Dixie Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Miami, FL

North Miami, FL

4. FEI Number

Applied For

65-1005673

Not Applicable

Zip

Country

Zip

Country

33161

Dade

33161

Dade

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

ROSEN, PAUL
STE.700 1 N.E. 1 STREET
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)
13132 W. Dixie Hwy

City North Miami

FL

Zip Code
33161

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 date if applicable.

(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) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$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

TITLE	0	<input type="checkbox"/> Delete
NAME	ROSEN, PAUL	
STREET ADDRESS	STE.700 1 N.E. 1 STREET	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13132 W. Dixie Hwy.	
CITY-ST-ZIP	North Miami, FL 33161	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 my address, with all other like empowered.

SIGNATURE:

Paul Rosen

2/28/01

305-981-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)