

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 68245

1. Entity Name  
542 Washington Avenue Corp.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
407 Lincoln Road  
Ste 704  
Miami Beach, FL 33139

Mailing Address  
407 Lincoln Road  
Ste 704  
Miami Beach, FL 33139

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE  
07/17/01 90001 008 150.00  
4. FEL Number  
65-9861432

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Glassberg, David M.  
407 Lincoln Road  
Ste 704  
Miami Beach, FL 33139

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW! Fee is \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	D, P <input type="checkbox"/> Delete
NAME	Stern, Lyle B.
STREET ADDRESS	407 Lincoln Road, Ste 704
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D, S <input type="checkbox"/> Delete
NAME	Konver, Bruce
STREET ADDRESS	407 Lincoln Road, Ste 704
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D, T <input type="checkbox"/> Delete
NAME	Fox Nelson
STREET ADDRESS	407 Lincoln Road, Ste 704
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/01  
Date Daytime Phone #

CR2E034 (11/00)