2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90075 028 ***150.00

A0062773

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000075259

N/C 12/04/2000 FIC

1. Entity Name

Downtown Fifty Corporation

Principal Place of Business | Mailing Address

2. Principal Place of Business		3. Mailing Address	
169 E. Flagler Street		169 E. Flagler Street	
Suite, Apt. #, etc. Suite 1635		Suite, Apt. #, etc. Suite 1635	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country Miami-Dade	Zip 33131	Country Miami-Dade

4. FEI Number 65-1032183 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Samuel Mordecai
169 E. Flagler Street
Suite 1635
Miami, Florida 33131

7. Name and Address of New Registered Agent

Name: Samuel Mordecai
Street Address (P.O. Box Number is Not Acceptable): 169 E. Flagler Street
Suite 1635
City: Miami FL Zip Code: 33131

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 Samuel Mordecai 4-23-01
Signature, typed or printed name of registered agent and title 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Samuel Mordecai 407 Lincoln Road, Suite 10K ~~Miami Beach, Florida 33139~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Samuel Mordecai 169 E. Flagler Street Suite 1635, Miami, FL 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: S Mordecai 4-23-01 (305) 379-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #