

2001 UNIFORM BUSINESS REPORT (UBR)

000435

DOCUMENT # P01000001261

1. Entity Name

136 COLLINS AVENUE HOLDINGS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -9 PM 1:57

Principal Place of Business

Mailing Address

136 COLLINS AVENUE
MIAMI BEACH FL 33139

136 COLLINS AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1064497

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

MILON, ERIC
136 COLLINS AVENUE
MIAMI BEACH FL 33139

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

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 Delete
NAME D
MILON, ERIC
STREET ADDRESS 136 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

Change Addition
300003908313--1
-03/23/01--01104--001
****350.00 ****150.00

TITLE Delete
NAME D
JONES, ROMAN
STREET ADDRESS 136 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

Change Addition

TITLE Delete
NAME D
MILON, FRANCIS
STREET ADDRESS 136 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Eric Milon VP

3/1/2001

Date

Daytime Phone #

CR2E034 (10/00)