

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90030 004 ***150.00

72222222 2/17

DOCUMENT # P01000101147

1. Entity Name
OCTOBER NIGHT CORP.

Principal Place of Business
P.O. BOX 694854
MIAMI FL 33269-4854

Mailing Address
P.O. BOX 694854
MIAMI FL 33269-4854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1148815

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

FREIDES, STUART
20855 NE 16TH AVE
SUITE C-1
MIAMI FL 33179

Name **STUART FREIDES**
 Street Address (P.O. Box Number is Not Acceptable)
19401 NE 22 AVE
 City **MIAMI** FL Zip Code **33180**

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 **STUART FREIDES**

(NOTE: Registered Agent signature required when reinstating)

2/18/02
 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, 2002 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	<input type="checkbox"/> Delete
PD	FREIDES, STUART	P.O. BOX 694854	MIAMI FL 33269-4854	<input type="checkbox"/>
	DIRECTOR			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Director VICE PRESIDENT	CHARLES BROWN	19401 NE 22 AVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Director SECRETARY	RUTH KLESTINEC	19401 NE 22 AVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **STUART FREIDES** **2/18/02** **305 653-2003**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)