2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06068

1. Entity Name

THE NATAPOW REALTY CORPORATION

FILED Jan 26, 2000 8:00 am Secretary of State

NAME STREET ADDRESS 120 CORPORATEWOODS 100 CITY-ST-ZIP ROCHESTER NY TITLE S WIEDMAN, FREDERICK JR. STREET ADDRESS CITY-ST-ZIP ROCHESTER NY TITLE AS CITY-ST-ZIP ROCHESTER NY TITLE AS CITY-ST-ZIP NAME NAME NAME OLITY-ST-ZIP NAME STREET ADDRESS						01-2	6-2000 90117	002 ***	150.00	
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State A. FET Number 16-0731630 Applied For Name and Address of Current Registered Agent F. Name and Address of Current Registered Agent Name Suite Address of Name Registered Agent Name	STE 209 BOCA RATON FL 33431		STE 209 BOCA RATON FL 33431-7201			ı 3 25 21 00 3 (d)	88718 8 310 83 118 4 11 3) 1	BIL BLAQ BLBIL	APRZI DIGIL AZA	17 10 10 10 10 10 10 10 10 10 10 10 10 10 1
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Zip Country Zip Country Zip Country S. Certificate of Status Dealed St. 75 Addinant received Agent T. Name and Address of Current Registered Agent T. Name and Address of Name Registered Agent P. Name STEINER, MICHAEL S. 816 E. ATLANTIC AVENUE DELTAY BEACH FL. 33444 City FL Zip Code 6. The above named entity submits this statement for the purpose of chenging its registered diffice or registered agent, or both, in the Statu of Florida. SIGNATURE Signaze, noted optical-remot signature agent and tageticale. (I/OTE Projected Agent separate internation) P. This corporation is eligible to satisfy its Intangable Task flary requirement and elects to do so. (See centers on back) Signaze Address (P.O. Box Number's Nati Acceptable) P. This corporation is eligible to satisfy its Intangable Task flary requirement and elects to do so. (See centers on back) Signaze Analysis in the signature agent and tageticale. (I/OTE Projected Agent separate internation) After MAY 1, 2000 Fee will be \$550.00 After Adoless 100 Fee will be \$550.00 After Adoless 100 Fee will be \$550.00 And Check Fee Required Trust Fund Contribution. OFFICERS AND DIRECTORS 111 TILE ONATAPOW, STEPHEN D. STEET ADDRESS 5.00 TH FITZHUGH STREET ROCHESTER NY THE NOTE OFFICERS AND DIRECTORS 111 THE NOTE OFFICERS AND DIRECTORS 111 AME OFFICERS AND DIRECTORS 111 THE NOTE OFFICERS AND DIRECTORS 111 THE NAME STREET ADDRESS 5.00 TH FITZHUGH STREET ON STEET ADDRESS 5.00 TH FITZHUGH STREE	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	PACE	
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. STEINER, MICHAEL S. 816 E. ATLANTIC AVENUE DELRAY BEACH FL 33444 City City FL Zip Code 8. The above named certity submits this statement for the purpose of changing its registered office or registered agent, or both, in that State of Florida. SIGNATURE S	City & State	9	City & State		4. F	El Number	16-0731630			
STEINER, MICHAEL S. 616 E. ATTANTIC AVENUE DELRAY BEACH FL 33444 City FL Zip Gods	Zip	Country Zip Country		Country	5. (Certificate of	Status Desired		8.75 Add	litional
STEINER, MICHAEL S. 616 E. ATLANTIC AVENUE DELRAY BEACH FL 33444 City FL Zp Code City FL		6. Name and Address of Current F	legistered Agent		7. 1	lame and Ad	dress of New Re	gistered A	gent	
616 E. ATLANTIC AVENUE DELRAY BEACH FI. 33444 City FL Zip Code C				Na	ñe	-				
8. The above named entry submits this statement for the purpose of chenging its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax illing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 1) TITLE NAME	616	E. ATLANTIC AVENUE	Street Address		eet Address (P.O. B	ox Number is	s Not Acceptable)			
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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					j					
	13. hereby o	certify that the information supplied with	this filing does not qualify for t	he exemptio	n stated in Section	119.07(3)(i),	Florida Statutes. I	further cert	ify that the in	nformation

13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the 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 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

1-11-00

561-394-7004

Daytime Phone #