

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA3000029372**
 1. Entity Name **CONCEPT PLUS INDUSTRIES INC**

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
618 N.W. 47TH AVE SAME
DEERFIELD BEACH
FLORIDA 33442

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0407701** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Geraldine Badarone Heiber
618 N.W. 47TH Ave
Deerfield Bch Fl 33442

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 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)



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

11. OFFICERS AND DIRECTORS
 TITLE Delete
 NAME **GM D HEIBER**
 STREET ADDRESS **618 NW 47TH AVE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE Change Addition
 NAME **300003215123-2**
 STREET ADDRESS **-04/19/00--01094--016**
 CITY-ST-ZIP *******150.00 *****150.00**

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 907, 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: **D HEIBER** Date **April 5/00** Daytime Phone # **954-428-3734**

CR2F034 (9/99)

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