

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047115

Entity Name

PARUSH, INC.

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

04-26-2000 90081 015 ***150.00

1. Principal Place of Business ST. RATON FL 33487		2. Mailing Address 728 ENFIELD ST. BOCA RATON FL 33487-3117	
3. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
4. City & State		4. City & State	
Country	Zip	Country	Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0424529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEITZ, PATRICIA 728 ENFIELD ST. BOCA RATON FL 33487				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				FL		Zip Code	

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
P	<input type="checkbox"/> Delete	WEITZ, PATRICIA 728 ENFIELD ST. BOCA RATON FL	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	<input type="checkbox"/> Delete	WEITZ, SIDNEY D JR 321 FORSYTH ST. BOCA RATON FL	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	<input type="checkbox"/> Delete	WEITZ, SHELBY D 728 ENFIELD ST. BOCA RATON FL	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Patricia Weitz* 4-21-00 954-942-6100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)