

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90091 030 \*\*\*150.00

**DOCUMENT #** P93000075898

**1. Entity Name**

2081 INVESTMENT CORP.

**DO NOT WRITE IN THIS SPACE**

80051471

**2. Principal Place of Business**

2081 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

**3. Mailing Address**

1800 ENGLISH RD.

Suite, Apt. #, etc.

SUITE 1

**City & State**

HALLANDALE FL

**City & State**

ROCHESTER NY

**Zip**

33009

**Country**

USA

**Zip**

14616

**Country**

USA

**4. FEI Number**

65-0459601

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

**Name**

CORPORATION INFORMATION SERVICES INC

**Street Address (P.O. Box Number is Not Acceptable)**

1201 HAYS ST

**City**

TALLAHASSEE

**FL**

**Zip Code**

32301

**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)



**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
S  
LISSOW, MARY L  
2081 SOUTH OCEAN DR. #103  
HALLANDALE, FL 33009

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Mary Linda Lissow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

585-227-0760

Daytime Phone #