

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087430

1. Entity Name  
700 CORP.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**  
02-15-2000 90028 038 \*\*\*150.00

Principal Place of Business  
700 N. ATLANTIC BLVD.  
FT. LAUDERDALE FL 33304

Mailing Address  
% LERMAN AND LERMAN  
48 FLAGLER ST. PH #101  
MIAMI FL 33131-1012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0370256**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LERMAN, JORGE**  
**48 EAST FLAGLER ST**  
**PH 101**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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		
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BERGER, HARRY</b>	
STREET ADDRESS	<b>48 E. FLAGLER ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33141</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>BRYSKI, ARON</b>	
STREET ADDRESS	<b>48 E. FLAGLER ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>BERGER, JOSEF</b>	
STREET ADDRESS	<b>48 E. FLAGLER ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>LERMAN, JORGE</b>	
STREET ADDRESS	<b>48 E. FLAGLER ST. PH 101</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LERMAN, ISIDORO</b>	
STREET ADDRESS	<b>48 E. FLAGLER ST PH 101</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>BRYSKI, JANET</b>	
STREET ADDRESS	<b>48 E FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERGER, ESTHER</b>	
STREET ADDRESS	<b>48 E. FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

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: \_\_\_\_\_ Date: **2/4/2000** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)