FILED Apr 07, 2002 8:00 am Secretary of State

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

			04-07-2002 90567 032 ***150.00	
DOCUMENT # P9400	0009868	,		
1. Entity Name		\searrow		
DONALD J PLINER	OF FLORIDA	INC		
,			, a pa	0.4.4.5
DO NOT WRITE IN THIS SPACE			759118	
2. Principal Place of Business	3. Mailing Address	10		
Y601 Counts H1E Ch Dan 216 Suite Apt. #. etc. Suite. Apt. #. etc.		DO NOT WRITE IN THIS SPACE		IIS SPACE
<i>PH 30.3</i> City & State.	City & Stage		4. FEI Nymber	Applied For
BAL HARBONR, 72	HAN JOLK,	NY	65-0466399	Not Applicable
33154 Country USA	Zip / DOIS	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Name	7. Name and Address of Current Registe	ered Agent
DO NOT WRITE IN THIS SPACE		Street Adgless (P.O. Bownumber is Not Acceptable)		
		DI	PH 202	
	4	City DAI	HOLBONA F	L Zip 33754
8. The above named entity submits this statement	t for the purpose of changing its	registered office or registe	HUCON	
CIONATURE				
SIGNATURE Signature, typed or printed name of registered agr		E: Registered Agent signature require	d when reinstating) DAT	E
This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so.	lay 1 Fee is \$150.00 1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be	
(See criteria on back)	Make Check Payal	d UBR is \$61.25 ble to Department of St	Trust Fund Contribution. ate	Added to Fees
TITLE P.	ID DIRECTORS	TITLE		<u> </u>
NAME STREET ADDRESS STREET ADDRESS SAME STREET ADDRESS SAME SAME STREET ADDRESS SAME SAME SAME SAME SAME SAME SAME	ANE PH303	NAME STREET ADDRESS		173
STREET ADDRESS CITY-ST-ZIP BAL HALBURA	71 33154	CITY-ST-ZIP		CEDEGAR (17/01)
NAME CORL E. DANZIGER		TITLE NAME		60
STREET ADDRESS 3 7 TR. HILL LANGE		STREET ADDRESS		
CITY-ST-ZIP PLEASANTYILLE,	NY IOSTO	CHY-ST-ZIP	and the second s	
NAME		NAME .		
EET ADDRESS Y-ST-ZIP		STREET ADDRESS City-St-Zip	DO NOT WRITE	
TITLE			IN THIS SPACE	
NAME STREET ADDRESS		NAME Street address		
CITY-ST-ZIP TITLE		CRY+ST-ZIP		
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP 13. I hereby certify that the information supplied w	ith this filing does not qualify for	City-St-70P	ection 119 07(3)(i) Florida Statutes further	certify that the information
 I hereby certify that the information supplied w indicated on this report or supplemental report of the corporation or the receiver or trustee er 	t is true and accurate and that r npowered to execute this repo	ny signature shall have the rt as required by Chapter 6	same legal effect as if made under oath; tha io7, Florida Statutes; and that my name appe	t I am an officer or director ears in Block 11 or on an
attachment with an address, with all other like	empowered.	A D M	h	
SIGNATURE: (APL L. JA)	R PRINTED NAME OF SIGNING OFFICER	gR DIRECTOR	03/15/02 Date	Daysine Phone i