

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90177 044 ***150.00

DOCUMENT # P94000055326

1. Entity Name

1700 EAST OF ONE, INC.

Principal Place of Business

1700 S. SURF RD.
 HOLLYWOOD FL 33019

Mailing Address

1700 S. SURF RD.
 HOLLYWOOD FL 33019-2448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0673403

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHWIND, GEORGE
 1700 S. SURF RD.
 HOLLYWOOD FL 33019

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)

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 Delete

NAME: DP SCHWIND, GEORGE
 STREET ADDRESS: 1700 S. SURF RD.
 CITY-ST-ZIP: HOLLYWOOD FL 33019

TITLE Delete

NAME: DS SCHWIND, SABINA
 STREET ADDRESS: 1700 SOUTH SURF RD.
 CITY-ST-ZIP: HOLLYWOOD FL 33019

TITLE Delete

NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE Delete

NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE Delete

NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE Delete

NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE Change Addition

NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE Change Addition

NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE Change Addition

NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE Change Addition

NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE Change Addition

NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 of 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: *George Schwind*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

954 494 7653

Date

Daytime Phone #

George Schwind

CR2E034 (9/99)