2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90104 031 ***150.00

DOCUMENT # P94000064574

1. Entity Name

100 Collins Corp.

Principal Place of Business	Mailing Address
~~100 Collins Ave.~~ Miami Beach, FL 33139 USA	~~C/O BERMAN WOLFE & RENNERT, P.A. 100 SE SECOND STREET 35TH FLOOR MIAMI FL 33131-2150~~ US

00055833

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
161 Collins Ave.	100 Collins Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami Beach, Florida
Zip / Country	Zip: 33139 Country: USA

4. FEI Number 65-0531123 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Berman Wolfe Rennert Vogel & Mandler, PA
Leon J. Wolfe
100 SE SECOND STREET
35TH FLOOR INTERNATIONAL PLACE
MIAMI FL 33131-2130

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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DPST NAME: CHEFETZ, MYLES STREET ADDRESS: ~~c/o 100 2nd St., 38th Floor~~ CITY-ST-ZIP: ~~Miami, FL Attn: L. Wolfe~~ ☒ Delete	TITLE: D PST NAME: Chefetz, Myles STREET ADDRESS: 100 Collins Ave. CITY-ST-ZIP: Miami Beach, Florida 33139 ☒ Change ☐ Addition
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*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: ______________ pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #