2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90167 036 ***150.00

C0060414

DOCUMENT # P95000037070 ✓

1. Entity Name

IDEAL OF SOUTH FLORIDA CORP.

Principal Place of Business	Mailing Address
3970 E. 10th Court Hialeah, Fl 33013	3970 East 10th Court Hialeah, Fl 33013

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
660 W. 83rd St.		6 60 W. 83rd St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hialeah, fl		City & State: Hialeah, Fl	
Zip: 33014	Country:	Zip: 33014	Country:

4. FEI Number: 65-0579753 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Burstein, Abraham 3970 E. 10th Court Hialeah, Fl 33013	Name: Abraham Burstein Street Address (P.O. Box Number is Not Acceptable): 660 W. 83rd Street City: Hialeah, Fl FL Zip Code: 33014

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] Pres. DATE 4-23-01

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

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Burstein, Abrah am 660 W. 83rd St. Hialeah, Fl 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Burstein, Mark 660 W. 83rd St. Hialeah, Fl 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] Pres. 4-23-01 305-826-8424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #