

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0086424

DOCUMENT # P95000041780

1. Entity Name

1929 CORP.

03-09-2001 90012 034 ***150.00

Principal Place of Business

Mailing Address

% JEFFREY M. PERLOW
 1820 E. HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009

% JEFFREY M. PERLOW
 1820 E. HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009

00023567



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10155 Collins Avenue

10155 Collins Avenue

Suite, Apt. #, etc.
 Suite 307

Suite, Apt. #, etc.
 Suite 307

City & State
 Bal Harbor, Florida

City & State
 Bal Harbor, Florida

4. FEI Number **65-0589055**

Applied For
 Not Applicable

Zip
 33154

Country
 Miami-Dade

Zip
 33154

Country
 Miami-Dade

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

PERLOW, JEFFREY M
 1820 E. HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009

Name
Jeffrey M. Perlow, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
Suite 505
20801 Biscayne Boulevard
 City **Aventura** **FL** Zip Code **33180**

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

2/7/01

Signature, type 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, 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	<input type="checkbox"/> Delete
PD	JUSKO, LAWRENCE	1820 E. HALLANDALE BEACH BLVD.	HALLANDALE FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		10155 Collins Avenue, Suite 307	Bal Harbor, Florida 33154	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)