

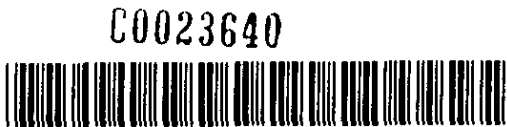
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050310

Entity Name  
STAGE STREET, INC.

FILED  
Feb 22, 2000 8:00 am  
Secretary of State  
02-22-2000 90008 011 \*\*\*150.00

Principal Place of Business		Mailing Address	
16 C WESTGATE LANE BEACH FL 33436		16 C WESTGATE LANE BOYNTON BEACH FL 33436-6390	
3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0675549	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIRSCHFELD, ROBERT 16 W WESTGATE LANE BOYNTON BEACH FL 33436	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD HIRSCHFELD, ROBERT 16 C WESTGATE LANE BOYNTON BEACH FL 33436 ST-ZIP <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STD HIRSCHFELD, FLORENCE 16 C WESTGATE LANE BOYNTON BEACH FL 33436 ST-ZIP <input type="checkbox"/> Delete	P, S, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Florence Hirschfeld 1/24/00 561-734-8815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FLORENCE HIRSCHFELD - TREAS.  
Date Daytime Phone #