

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90719 007 ***150.00

DOCUMENT # P96 000077137

1. Entity Name

30TH STREET CORP.

Principal Place of Business

Mailing Address

1201 S. Ocean DR.

1201 S. Ocean DR

Hollywood FL 33019

Hollywood FL 33019

2. Principal Place of Business

1201 S. Ocean Dr

3. Mailing Address

1201 S. Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2305 N

2305 N

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0697050

Applied For

Not Applicable

Zip

Country

33019

USA

Zip

33019

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00061444

6. Name and Address of Current Registered Agent

STEVEN ANTMAN

1201 S. Ocean Dr #2305N

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: SDD
 NAME: STEVEN ANTMAN
 STREET ADDRESS: 1201 S. Ocean Dr #2305N
 CITY-ST-ZIP: Hollywood FL 33019

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
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 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

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 CITY-ST-ZIP:
☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/00 9549276062

CR2E034 (9/99)