

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082873

1. Entity Name

BORENSTEIN INVESTMENTS, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90003 012 ***550.00

Principal Place of Business

3000 ISLAND BLVD.
 APARTMENT #1205
 AVENTURA FL 33160

Mailing Address

3000 ISLAND BLVD.
 APARTMENT #1205
 AVENTURA FL 33160

2. Principal Place of Business

2600 Island Blvd

3. Mailing Address

2600 Island Blvd.

Suite, Apt. #, etc.

1506

Suite, Apt. #, etc.

1506

City & State

Aventura, FL

City & State

Aventura, FL

4. FEI Number

65-071120

Applied For

Not Applicable

Zip

33160

Country

Zip

33160

Country

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

BORENSTEIN, ANITA
 3000 ISLAND BLVD.
 APT. #1205
 AVENTURA FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

2600 Island Blvd, Apt. 1506

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME D
 STREET ADDRESS BORENSTEIN, ANITA
 CITY-ST-ZIP 3000 ISLAND BLVD., APT 1205 AVENTURA FL 33160

TITLE ☒ Change ☐ Addition
 NAME 2600 Island Blvd Apt 1506
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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:

Anita Borenstein ANITA BORENSTEIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-27-00

305-936-9078