PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700043682

1. Corporation Name

TWO THOUSAND BUILDING, INC.

•					
Principal Place of Business Mailing Address				1 198(1987 118 1911) (891) 891) 891) 991) 991)	
2000 EAST OAKLAND PARK BLVD. STE 106 FORT LAUDERDALE FL 33306 US 2000 EAST OAKLAND PARK BL STE 106 FORT LAUDERDALE FL 33306 US			LVD.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
				05/14/1997	
2. Principal Pl	ace of Business EAST OAKLAND PARK BLY	2a. Mailing Address 22 IMPERI	CAL LANE	4. FEI Number Applied For 65-0762843 Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		\$8.75 Additional	
Suite, Apr.	#, GIV.	27	_	5. Certificate of Status Desired Fee Required	
City & State	ODERDME FL.	City & State LAUDER DAGE - BY - 7	THE - SEA	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 3330		Zip FL. 30	33308 Conutry		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
Name				LURIE, ANTONY S.	
LURIE, ANTONY S. 2000 E OAKLAND PARK BLVD				Address (P.O. Box Number is Not Acceptable) よええ エベアデアエム しょいモ	
STE 106 FORT LAUDERDALE FL 33306				13	
,				WERDACE BY-THE - SEA FL 85 ZIGCOGS 08	
office or n agent. I a SIGNATURE	m tamiliar with, and accept the opinion	j*	orized by the corpo a Statutes. gistered Agent signature r		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	D	☐ DELETE	1.1 TITLE		
NAME STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS	LURIE, ANTONY. S 222 IMPERIAL LANE LAWDERDATE-BY-THE-SEA, FL. 33308	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	□ pri ere	1.4 CITY-ST-ZIP		
TITLE NAME			2.1 TITLE 2.2 NAME	LURTE TERESA	
STREET ADDRESS	EGG E GIAGE TIME TO THE WAY		2.3 STREET ADDRESS	LAUDEADALE - BY -THE- SEA, FL . 33308	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		□ NÉTE1E	3.1 TITLE 3.2 NAME		
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	, Change [] Abbillion	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITI C		□ DELETE	6.1 TITLE	☐ Change ☐ Addition	

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: X

NAME

STREET ADDRESS CITY-ST-ZIP.

14. 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 annual report or supplemental afrinal 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 krustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an authority with an address, with all other like empowered.

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90011 016 ***150.00