2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90096 036 ***150.00

DOCUMENT #. P97000051928

1. Entity Name

ROBERT J. FEINBERG, INC.

Principal Place of Business	Mailing Address
1160 N FEDERAL HWY APT 522 FT LAUDERDALE FL 33304 US	1160 N FEDERAL HWY APT 522 FT LAUDERDALE FL 33309-6206 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
110 LAKE EMERALD DR	110 LAKE EMERALD DR
Suite, Apt. #, etc. #104	Suite, Apt. #, etc. #104
City & State OAKLAND PARK FL	City & State OAKLAND PARK FL
Zip 33309 Country US	Zip 33309 Country US

4. FEI Number 65-0766741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, ROBERT J
1160 N FEDERAL HWY
APT 522
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name ROBERT J FEINBERG
Street Address (P.O. Box Number is Not Acceptable) 110 LAKE EMERALD DRIVE
APT 104
City OAKLAND PARK **FL** Zip Code 33309

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] 1/25/2000
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. ☐ **$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	D FEINBERG, ROBERT J 2217 NE 28 AVE FT LAUDERDALE FL 33305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition ROBERT J FEINBERG 110 LAKE EMERALD DRIVE #104 OAKLAND PARK FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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] 1/25/2000 954 564 1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #