

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90102 037 ***150.00

DOCUMENT # P97000055706
 Entity Name
Steven Zucker, PA, CPA ✓

Principal Place of Business Mailing Address
16211 NE 18th Avenue
North Miami Beach, FL 33162

Principal Place of Business Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0769054	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
Roger Slade, Pathman, Lewis et al.
2 Biscayne Blvd. Ste 2100
Miami Bk 33131

7. Name and Address of New Registered Agent
 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

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**

OFFICERS AND DIRECTORS	
P.T.S NAME: Steven Zucker STREET ADDRESS: 3989 Pinewood Lane CITY-ST-ZIP: Weston, FL 33331	<input type="checkbox"/> Delete
NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Zucker, Pres. Date: 4/29/00 Business Phone #: (305) 945-4151