

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069400

1. Entity Name

2020 BUILDING, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90106 009 ***150.00

Principal Place of Business 2020 NE 163RD STREET SUITE 300 N. MIAMI BEACH FL 33162 US	Mailing Address 2020 NE 163RD STREET SUITE 300 N. MIAMI BEACH FL 33162-4927 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 10081 Pines Blvd Suite A City & State Pembroke Pines, FL Zip 33024 Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0775000	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROGERS, NEIL S. 2020 NE 163RD STREET SUITE 300 NORTH MIAMI BEACH FL 33162	7. Name and Address of New Registered Agent Name GARY Kaminsky Street Address (P.O. Box Number is Not Acceptable) 10081 Pines Blvd. Suite A City Pembroke Pines FL Zip Code 33024
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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 DATE 3/1/00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST JAFEE, NORMAN S. 18999 BISCAYNE BLVD AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, NEIL S. 2020 NE 163RD STREET, SUITE 300 N. MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	3/1/00	Date	Daytime Phone #
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CR2E034 (9/99)