

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079756

1. Entity Name

3157, INC. ✓

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90003 026 ***150.00

Principal Place of Business: 2016 N.E. 164TH ST. NO. MIAMI BEACH FL 33162
 Mailing Address: 2016 N.E. 164TH ST. NO. MIAMI BEACH FL 33162-4121

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0788238**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

RAUF, MICHAEL
 2016 N.E. 164TH ST. NO.
 MIAMI BEACH FL 33162

Name

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

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

Michael Rauf
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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 11, 2000 Fee will be \$350.00
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 Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	RAUF, MICHAEL A	2016 N.E. 164TH ST.	N MIAMI BEACH FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE	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:

Michael Rauf
 Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

4/30/00
 4/30/00