

2000 UNIFORM BUSINESS REPORT (UBR)

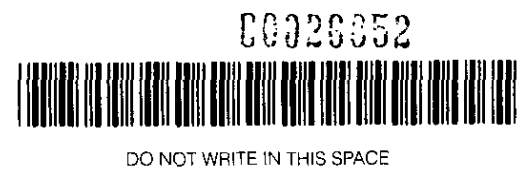
FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90068 049 ***150.00

DOCUMENT # P97000095589

1. Entity Name
MILTON NUSSBAUM, INC.

Principal Place of Business **Mailing Address**
 19500 TURNBERRY WAY, SUITE 21E 19500 TURNBERRY WAY, SUITE 21E
 AVENTURA FL 33180 AVENTURA FL 33180-2538

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0793228		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				



6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHWARTZ, JAY D 19500 TURNBERRY WAY, SUITE 21E AVENTURA FL 33180				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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) <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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUSSBAUM, EVELYN			NAME			
STREET ADDRESS	19500 TURNBERRY WAY #21E			STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONI, RENE			NAME			
STREET ADDRESS	19500 TURNBERRY WAY #21E			STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, FREDELLE			NAME			
STREET ADDRESS	19500 TURNBERRY WAY #21E			STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Fredele Schwartz* **REQUIRED** **2-16-00** **305 9356 916**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)