2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103277

1. Entity Name

DREBA INC.

FILED

00 MAR 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2919 EAST COMMERCIAL BLVD. #A FORT LAUDERDALE FL 33308	2919 EAST COMMERCIAL BLVD. #A FORT LAUDERDALE FL 33308-4207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2800 E. Commercial Blvd	2800 E. Commercial Blvd
Suite, Apt. #, etc. Ste 208	Suite, Apt. #, etc. Ste 208
City & State Ft. Lauderdale	City & State Ft. Lauderdale
Zip 33308 Country	Zip 33308 Country

4. FEI Number 65-0800516 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN H. KATZ, P.A. 2919 EAST COMMERCIAL BLVD. SUITE A FORT LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) 2800 E. Commercial Blvd Ste 208 City Ft. Lauderdale FL Zip Code 33308

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

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	P BAUMANN, MARKUS 220 SE 2ND AVENUE POMPANO BEACH FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300003213913---8 -04/13/00--01012-021 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT BAUMANN, MARKUS 1770 S. OCEAN DR #204 POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MUNDLECHNER, ALFRED 220 SE 2ND AVENUE POMPANO BEACH FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: X Signature Illegible 03/16/00 (954) 579 9357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #