

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90070 012 ***150.00

DOCUMENT # P98000000106

1. Entity Name
PINES 136 CORP.

Principal Place of Business 2450 NE MIAMI GARDENS DRIVE N MIAMI BEACH FL	Mailing Address 2450 NE MIAMI GARDENS DRIVE N MIAMI BEACH FL 33180-2717
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4434 N. Bay Rd Suite, Apt. #, etc.	3. Mailing Address 4434 N. Bay Rd Suite, Apt. #, etc. Miami Beach FL
City & State Miami Beach FL	City & State
Zip 33140	Country USA
Zip 33140	Country USA

4. FEI Number 65-0805780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEDERER, STEVEN
2450 NE MIAMI GARDENS DRIVE
N MIAMI BEACH FL

7. Name and Address of New Registered Agent
 Name: **Abbey Berkowitz**
 Street Address (P.O. Box Number is Not Acceptable): **4434 N. Bay Rd**
 City: **Miami Beach** FL Zip Code: **33140**

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: *Abbey Berkowitz* DATE: 3/1/2000
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.
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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERKOWITZ, ABBY		NAME	
STREET ADDRESS 4434 N BAY RD		STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33140		CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWERHEAD, STEVEN		NAME	
STREET ADDRESS 4434 N BAY DR		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Berkowitz Steven		NAME	
STREET ADDRESS 4434 N. Bay Rd		STREET ADDRESS	
CITY-ST-ZIP Miami Beach FL 33140		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	
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: *Abbey Berkowitz* **Abbey Berkowitz** DATE: 3/1/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)