

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90087 030 \*\*\*150.00

**DOCUMENT # P98000019314**

1. Entity Name  
**THE DRAFT KIT, INC.**

Principal Place of Business 1263 NW 123 AVE PEMBROKE PINES FL 33026	Mailing Address 820 NE 182 TERR N MIAMI BEACH FL 33162-1157 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13781 NW 21 ST Suite, Apt. #, etc.	3. Mailing Address 13781 NW 21 ST Suite, Apt. #, etc.
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City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL
Zip 33028	Zip 33028
Country USA	Country USA

4. FEI Number 65-0866622	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  
**LUBIN, SETH D**  
 1263 NW 123 AVE  
 PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent  
 Name: **LUBIN, SETH**  
 Street Address (P.O. Box Number is Not Acceptable):  
**13781 NW 21 ST**  
 City: **Pembroke Pines** **FL** Zip Code: **33028**

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: *Seth Lubin* DATE: 4-25-00  
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)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRAUTMAN, MICHAEL</b> 1263 NW 123 AVE PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRAUTMAN, MICHAEL</b> 13781 NW 21 ST PEMBROKE PINES FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: *Michael Brautman* **REQUIRED** DATE: 4-25-00 DAYTIME PHONE #: 954-437-2378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)