

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90004 011 \*\*\*150.00

828890

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P98000024654			
<b>1. Entity Name</b> BIRKENFELD CORPORATION			
<b>Principal Place of Business</b> 142 SW 46th Terrace Cape Coral, FL 33914		<b>Mailing Address</b> 142 SW 46th Terrace Cape Coral, FL 33914	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<b>6. Name and Address of Current Registered Agent</b> La Rocco, Robert J. 1505 SE 40th Street, Ste. C Cape Coral, FL 33904		<b>7. Name and Address of New Registered Agent</b> Name: James Amburn Street Address (P.O. Box Number is Not Acceptable): 1505 SE 40th Street, Ste. C City: Cape Coral FL Zip Code: 33904	
<b>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.</b> SIGNATURE: [Signature] James W Amburn 3/21/00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution.			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PSTD <input type="checkbox"/> Delete <b>STREET ADDRESS</b> Birkenfeld, Barbara <b>CITY-ST-ZIP</b> 142 SW 46th Terrace Cape Coral, FL 33914		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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:** [Signature] Barbara Birkenfeld 03/13/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Barbara Birkenfeld

CR2E034 (9/99)