## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## May 10, 2000 8:00 am Secretary of State DOCUMENT # P98000030581 OUTSIDE-IN, S.F., INC. 05-10-2000 90077 002 \*\*\*150.00 Principal Place of Business Mailing Address 19304 N.E. 25TH AVENUE #201 19304 N.E. 25TH AVENUE #201 MIAMI FL 33180-2239 MIAMI FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0829366 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COHEN, LONNA Street Address (P.O. Box Number is Not Acceptable) 19304 N.E. 25TH AVNEUE #201 MIAMI FL 33180 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete COHEN, LONNA NAME STREET ADDRESS 19304 NE 25TH AVE., # 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BCH FL 33180 Change TITLE ☐ Addition Delete TITLE COHEN, MORRIS NAME NAME STREET ADDRESS STREET ADDRESS 313 E 95TH STREET #3 CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10128** Change Addition-TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

FILED

4/26/00 305 466 9