

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

0243510 AV

05-05-2002 90021 009 ***150.00

DOCUMENT # P98000036442

1. Entity Name
2726 COLLINS CORP.

Principal Place of Business
**C/O SALLY N. SAWH
 1054 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**

Mailing Address
**C/O SALLY N. SAWH
 1054 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**



2. Principal Place of Business
do Law Offices of SNS
 Suite, Apt. #, etc.
1054 Kane Concourse

3. Mailing Address
c/o Law Offices of SNS
 Suite, Apt. #, etc.
1054 Kane Concourse

DO NOT WRITE IN THIS SPACE

City & State
Bay Harbor Fla
 Zip
33154 Country
USA

City & State
Bay Harbor Fla
 Zip
33154 Country
USA

4. FEI Number **65-0829738**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SAWH, SALLY N
 1054 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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, 2002 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	P SAWH, SALLY N 1054 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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	<i>Secretary Sally N. Sawh 1054 Kane Concourse Bay Harbor, Fl. 33150</i>	<input checked="" type="checkbox"/> Change <input checked="" 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *4/22/02* Daytime Phone #: *305 865-1254*

CR2E034 (9/01)