

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90060 035 \*\*\*150.00

DOCUMENT # P98000041806

Entity Name  
 City Bail Bonds, Inc. ✓

1. Place of Business Mailing Address  
 2434 Sheridan Street ← Same  
 Hollywood, FL 33020

Principal Place of Business 3. Mailing Address  
 2434 Sheridan Street  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Hollywood, FL  
 Zip Country  
 33020 USA

4. FEI Number Applied For  
 65-0845757 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

812016

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 Deena Sinclair  
 1525 S. Andrews Avenue  
 Suite 7  
 Ft. Lauderdale, FL 33316

7. Name and Address of New Registered Agent  
 Name: Khila L. Khani, Esq.  
 Street Address (P.O. Box Number is Not Acceptable): Law Offices of Khani + Auerbach  
 2338 Hollywood Boulevard  
 City: Hollywood FL Zip Code: 33020

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: 2/1/00

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS: PD ST-ZIP: Sinclair, Deena 1525 S. Andrews Ave, Ste # 7 Fort Lauderdale, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: P/D; V/S; V/T/D STREET ADDRESS: Natasha Braynen CITY-ST-ZIP: 2434 Sheridan St. Hollywood, FL 33020		
ADDRESS: VSTD ST-ZIP: Adler, Scott 1525 S. Andrews Ave, Ste # 7 Ft. Lauderdale, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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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:

DATE: 2/1/00

DAYTIME PHONE #: (954) 868-1163

CR2E034 (9/99)