

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90019 046 \*\*\*150.00

**DOCUMENT # P98000061917**

1. Entity Name

**740 COLLINS, INC.**

Principal Place of Business

Mailing Address

1111 LINCOLN ROAD MALL  
 SUITE 510  
 MIAMI BEACH FL 33139

C/O BERKWITZ, DICK, POLLACK & BRENT  
 ONE SE 3RD AVE- 1ST FLR  
 MIAMI FL 33131-1700

2. Principal Place of Business

3. Mailing Address

**407 Lincoln Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 9F**

City & State  
**Miami Beach, FL 33139**

City & State

4. FEI Number

**65-0860485**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**(SKRLD, INC.)**  
 201 ALHAMBRA CIRCLE  
 SUITE 1102  
 CORAL GABLES FL 33134

Name  
**Michael Comras % The Comras Company of Florida, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**407 Lincoln Road, Suite 9F**  
 City  
**Miami Beach** FL Zip Code  
**33139**

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, 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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PSD</b>			<input type="checkbox"/>
	<b>COMRAS, MICHAEL</b>	<b>1111 LINCOLN ROAD MALL SUITE 510</b>	<b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>407 Lincoln Road, Ste 9F</b>	<b>Miami Beach, FL 33139</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/00**

Date

**305-532-0433**

Daytime Phone #

CE - 004-00001