

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000C 92860

1. Entity Name
10023 PHASE I, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90005 008 ***150.00

Principal Place of Business
% ROY KAHN
3120 HOLIDAY SPRINGS BLVD., STE. 109
MARGATE FL 33063

Mailing Address
% ROY KAHN
3120 HOLIDAY SPRINGS BLVD., STE. 109
MARGATE FL 33063-5417

2. Principal Place of Business
100 JEFFERSON AVE
Suite, Apt. #, etc.
10001

3. Mailing Address
100 JEFFERSON AVE
Suite, Apt. #, etc.
10001

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH, FL

Zip
33139

Country
US

Zip
33139

Country
US

4. FEI Number 65-0877548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAHN, MORRIS
% ROY KAHN
3120 HOLIDAY SPRINGS BLVD., STE. 109
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name KAHN, MORRIS
Street Address (P.O. Box Number is Not Acceptable)
100 JEFFERSON AVE
STE 10001
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
Morris Kahn
MORRIS KAHN

(NOTE: Registered Agent signature required when reinstating)

4/28/00
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, 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

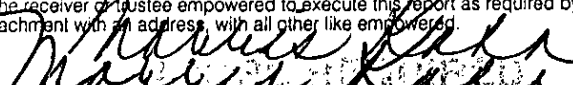
11. OFFICERS AND DIRECTORS

NAME P KAHN, MORRIS STREET ADDRESS 3120 HOLIDAY SPRINGS BLVD. STE 109 CITY-STATE-ZIP MARGATE FL 33063	☐ Delete
NAME ST KAHN, MORRIS STREET ADDRESS 3120 HOLIDAY SPRINGS BLVD, STE 109 CITY-STATE-ZIP MARGATE FL 33063	☐ Delete
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT NAME KAHN, AUDREY STREET ADDRESS 100 JEFFERSON AVE STE 10001 CITY-STATE-ZIP MIAMI BEACH, FL 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS 100 JEFFERSON AVE STE 10001 CITY-STATE-ZIP MIAMI BEACH, FL 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/28/00 Daytime Phone #

CR2E034 (9/99)