

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095277

1. Entity Name

10001 PHASE I, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90352 022 ***150.00

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 JEFFERSON AVE
Suite/Apt. #, etc.
10001

100 JEFFERSON AVE
Suite/Apt. #, etc.
10001

City & State
MIAMI BEACH-FL

City & State
MIAMI BEACH, FL

Zip
33139

Zip
33139

4. FEI Number
65-0885856

Applied For
Not Applicable

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

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

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)

DATE

4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAHN, MORRIS 3210 HOLIDAY SPRINGS BLVD. STE 109 MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAHN, MORRIS 3120 HOLIDAY SPRINGS BLVD. STE 109 MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KAHN, AUDREY 100 JEFFERSON AVE STE 10001 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 JEFFERSON AVE STE 10001 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input 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
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

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: *Morris Kahn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

CR2E034 (9/99)