

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90083 050 ***150.00

DOCUMENT # P98000099105

1. Entity Name
3925 CORPORATION

Principal Place of Business
**2300 N.W. CORPORATE BLVD.
 SUITE 222
 BOCA RATON FL 33431**

Mailing Address
**2300 N.W. CORPORATE BLVD.
 SUITE 222
 BOCA RATON FL 33431-7358**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0876520**

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

**GIMELSTOB, HERBERT
 2300 N.W. CORPORATE BLVD.
 SUITE 222
 BOCA RATON FL 33431**

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

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIMELSTOB, HERBERT 7777 W. GLADES RD. STE. 100 BOCA RATON FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIMELSTOB, HERBERT 2300 N.W. CORPORATE BLVD., SUITE 222 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GIMELSTOB, ELAINE 7777 W. GLADES RD. STE. 100 BOCA RATON FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GIMELSTOB, ELAINE 2300 N.W. CORPORATE BLVD., SUITE 222 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS HOPIN, MARC D 7777 W. GLADES RD. STE. 100 BOCA RATON FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS HOPIN, MARC D. 2300 N.W. CORPORATE BLVD., SUITE 222 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EPSTEIN, WILLIAM L 7777 W. GLADES RD. STE. 100 BOCA RATON FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EPSTEIN, WILLIAM L. 2300 N.W. CORPORATE BLVD., SUITE 222 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William L. Epstein Date: 3/15/00 Daytime Phone #: (561) 997-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-1 (0/14/99)