## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P98000100404**

Apr 18, 2000 8:00 am

Ti Linking Hours	,,,					Secretar	W AT	. <b>V</b> I	OTA .	
C.L.€., I	NC.			O4-18-2000 90238 012 ***150.00						
Principal Plac	e of Business	Mailing Address								
8701 N.W. 16TH STREET Lauderhill FL 33311		3701 N.W. 16TH STREET SUITE A LAUDERHILL FL 33311-4135 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	65-0882371 Applied Not Applied			olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of	5. Certificate of Status Desired				
	6. Name and Address of Currer	nt Registered Agent		<u> </u>	7. Name and Ad	dress of New Register	ed Agent			
5220	NS, RICHARD B O SW 5TH ST NTATION FL 33317			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 it	ts registere	d office or regis	stered agent, or both,	in the State of Florida.				
SIGNATURE .	Ret B. Eur	Reside	£_			4-12-a	<u> </u>			
	Signature, typed or printed name of registered age	nt and attent applicable. (NO	OTE: Registered	l Agent signature requ	ired when reinstating)	DA	'E			
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so. (See criteria on back)    Tax filing requirement and elects to do so.			2000 Fee	will be \$550.0	0 Trust	on Campaign Financing Fund Contribution.			May Be to Fees	
11.	OFFICERS AND DIRECTORS 12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS	PD ERENS, RICHARD B 3701 N.W. 16TH STREET	☐ Delete					□ C	thange	☐ Addition	
CITY-ST-ZIP TITLE NAME	LAUDER <u>HILL</u> FL 33311	☐ Delete	TITLE				0	hange	Addition	
OTREET ARRESS	i		6400	ET ADDRESS						

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:** 

Daytime Phone #