

# **"AMENDED"** **2000 UNIFORM BUSINESS REPORT (UBR)**

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT #</b> P98000103243<br><b>1. Entity Name</b><br>SOUNDWERKS OF SOUTH FLORIDA, INC.   |   |   |   |   |  |
| <b>Principal Place of Business</b><br>4366 NORTHLAKE BLVD.<br>PALM BEACH GARDENS, FL 33410 US  |   |   | <b>Mailing Address</b><br>4366 NORTHLAKE BLVD.<br>PALM BEACH GARDENS, FL 33410 US   |   |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   | <b>4. FEI Number</b><br>65-0879590<br><b>Applied For</b><br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   | DO NOT WRITE IN THIS SPACE  |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>RUBENSTEIN, BERNARD R<br>3942 CARNATION CIRCLE SOUTH<br>PALM BEACH GARDENS, FL 33410 US  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>STEVEN E. RUBENSTEIN</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>96 UNO LAGO DR.</u><br>City: <u>JUNO BEACH</u> <b>FL</b> Zip Code: <u>33408</u> |   |  |
| <b>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.</b><br>SIGNATURE: <u>Steven E. Rubenstein</u> <b>STEVEN E. RUBENSTEIN, PRESIDENT</b> <u>10/18/00</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |   |  |
| <b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/><br><small>(See criteria on back)</small>   |   | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |   | <b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                     |  |
| <b>11. OFFICERS AND DIRECTORS</b>  |   |   | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | PRESIDENT<br>BERNARD RUBENSTEIN<br>3942 CARNATION CIRCLE SOUTH<br>PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | PRESIDENT<br>STEVEN E. RUBENSTEIN<br>96 UNO LAGO DR.<br>JUNO BEACH, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | VICE PRESIDENT<br>CHRISTOPHER M. VOTINO<br>96 UNO LAGO DR.<br>JUNO BEACH, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | TREASURER<br>STEVEN E. RUBENSTEIN<br>96 UNO LAGO DR.<br>JUNO BEACH, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | SECRETARY<br>CHRISTOPHER M. VOTINO<br>96 UNO LAGO DR.<br>JUNO BEACH, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | 700003492617-3<br>-12/11/00--01005--009<br>*****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |   |   |   |   |  |
| <b>SIGNATURE:</b> <u>Steven E. Rubenstein</u> <b>STEVEN E. RUBENSTEIN, PRESIDENT</b> <u>10/18/00</u> (561) 776-5991<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |   |   |  |

**FILED**  
 00 NOV 20 PM 12:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CR2E034 (9/99)