

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108138

1. Entity Name
1040 N.E. 17TH WAY CORP.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90039 012 ***150.00

Principal Place of Business 1402 E LAS OLAS BLVD. SUITE 207 FORT LAUDERDALE FL 33301	Mailing Address 1402 E LAS OLAS BLVD. SUITE 207 FORT LAUDERDALE FL 33301-2336
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1037 NE 17th Way Suite, Apt. #, etc. Ft Laud FL City & State	3. Mailing Address 1037 NE 17th Way Suite, Apt. #, etc. Ft Laud FL City & State
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4. FEI Number 65-0886204	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired 33304 USA	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name Brett Tannenbaum
Street Address (P.O. Box Number is Not Acceptable) 1037 NE 17th Way
City Ft Laud FL 33304

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: Signature, type, and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 2/8/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	PRES. Brett Tannenbaum 1037 NE 17th Way Ft Laud FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/8/00 DAYTIME PHONE #: 854-764-3208

CR2E034 (9/99)