

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90129 001 \*\*\*150.00

**DOCUMENT # P99000016759**

1. Entity Name  
**3271 Co.**

Principal Place of Business      Mailing Address

**13941 S.W. 52 Terrace**      **13941 S.W. 52 Terrace**  
**Miami, Florida 33175**      **Miami, Florida 333175**

**A0025400**

2. Principal Place of Business <b>1301 N.E. 191 Street</b> Suite, Apt. #, etc. <b>#F 401</b> City & State <b>Miami, Florida</b> Zip      Country <b>33179</b> <b>USA</b>	3. Mailing Address <b>1301 N.E. 191 Street</b> Suite, Apt. #, etc. <b>#F 401</b> City & State <b>Miami, Florida</b> Zip      Country <b>33179</b> <b>USA</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Baruch Spivak**  
**13941 S.W. 52 Terrace**  
**Miami, Florida 33175**

7. Name and Address of New Registered Agent

Name  
**Baruch Spivak**  
Street Address (P.O. Box Number is Not Acceptable)  
**1301 N.E. 191 Street, #F 401**  
City      State      Zip Code  
**Miami,      FL      33179**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Baruch Spivak</b> <b>13941 S.W. 52 Terrace</b> <b>Miami, Florida 33175</b>	<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		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Baruch Spivak</b> <b>1301 N.E. 191 Street, #F401</b> <b>Miami, Florida 333179</b>	<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
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: Baruch Spivak      **BARUCH SPIVAK**      2-22-00      305-948-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)