2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P99000016759 Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** 3271 Co. 03-08-2000 90129 001 \*\*\*150.00 Principal Place of Business Mailing Address 13941S.W. 52 Terrace 13941 S.W. 52 Terrace Miami, Florida 33175 Miami, Florida 333175 A0025400 2. Principal Place of Business 3. Mailing Address 1301 N.E. 191 Street 1301 N.E. 191 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #F 401 #F\_401 City & State 4. FEI Number Applied For Miami. Florida Not Applicable Miami, Florida \$8.75 Additional 5. Certificate of Status Desired Fee Required 3317<del>9</del> 6. Name and Address of Current Registered Agent US! 7. Name and Address of New Registered Agent Name Baruch Spivak Baruch Spivak 13941 S.W. 52 Terrace Street Address (PO. Box Number is Not Acceptable) F 401 Miami, Florida 33175 ₹**3**979 Miami, 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, typed or printed name of registered agent and tyle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete CR2E034 (9/99) TITLE President TITLE □ Change Addition President NAME NAME Baruch Spivak Baruch Spivak STREET ADDRESS STREET ADDRESS 1301 N.E. 191 Street, #F401 13941 S.W. 52 Terrace CITY-ST-ZIP CITY-ST-ZIP Miami, Florida Miami, Florida 33175 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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. BARUCH SPIVAIL SQUAND SPUTON SIGNATURE AND TYPED OF PRINTED NAME