

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90175 027 ***150.00

DOCUMENT # P99000021044

1. Entity Name
ADVANTAGE RETAIL SERVICES, INC.

Principal Place of Business 11411 N.W. 32 MANOR SUNRISE FL 33323	Mailing Address 11411 N.W. 32 MANOR SUNRISE FL 33323-1415
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0912523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEILPERN, SCOTT
8060 FAIRVIEW DRIVE BLDG. 19 APT. 202
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name <i>Heilpern, Scott</i>
Street Address (P.O. Box Number is Not Acceptable) <i>11411 N.W. 32 manor</i>
City <i>Sunrise</i>
State FL
Zip Code <i>33323</i>

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 *Scott Heilpern* DATE *2/21/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <i>D President</i>	<input checked="" type="checkbox"/> Delete
NAME HEILPERN, SCOTT	
STREET ADDRESS 8060 FAIRVIEW DRIVE BLDG. 19 APT. 202	
CITY-ST-ZIP TAMARAC FL 33321	
TITLE <i>President</i>	<input type="checkbox"/> Delete
NAME <i>Heilpern, Scott</i>	
STREET ADDRESS <i>11411 N.W. 32 manor</i>	
CITY-ST-ZIP <i>SUNRISE, FL 33322</i>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(f), 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: *Scott Heilpern, President* DATE *2/21/00* DAYTIME PHONE # *(954) 578-1934*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)