## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000053004** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name SPINMASTER CORP. 04-11-2000 90015 012 \*\*\*150.00 Principal Place of Business Mailing Address 5055 COLLINS AVENUE #5N 5055 COLLINS AVENUE #5N MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-2709 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65 - 09 L8 L78 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GABAI, RODNEY Street Address (P.O. Box Number is Not Acceptable) 5055 COLLINS AVENUE #5N MIAMI BEACH FL 33140 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Change ☐ Addition TITLE ☐ Delete TITLE RODNEY GABAI 5055 COILINS AVE 5N NAME STREET ADDRESS STREET ADDRESS miami BEACH, FP. 33140 CITY-ST-ZIP CITY-ST-ZIP VICE-PRESIDent. ☐ Addition ☐ Change ☐ Delete TITLE TITLE ROXANE GABAI NAME NAME 5055 CONINS AVE SN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACK Fl. 33140 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIT! F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODNEY GABAL

ADRIL 6, 2000 305. 861-9839

Daytime Phone #