

2000 UNIFORM BUSINESS REPORT (UBR)

3/20/00-90021-024-\$150.00-\$150.00

DOCUMENT # P99000054750

1. Entity Name

COMRAS 16TH STREET, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 AM 10:22

Principal Place of Business 1111 LINCOLN ROAD MALL SUITE 510 MIAMI BEACH FL 33139	Mailing Address 1111 LINCOLN ROAD MALL SUITE 510 MIAMI BEACH FL 33139-2439
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 407 Lincoln Road Suite, Apt. #, etc. Suite 9F	3. Mailing Address 407 Lincoln Road Suite, Apt. #, etc. Suite 9F
---	---

City & State Miami Beach, Florida	City & State Miami Beach, Florida	4. FEI Number 05-0938477	Applied For Not Applicable
Zip 33139	Country	Zip 33139	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

TAGUE, BRIAN PA
201 S. BISCAYNE BOULEVARD
SUITE 2600
MIAMI FL 33131-4336

7. Name and Address of New Registered Agent

Name: Michael Comras
Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road, Suite 9F
City: Miami Beach FL Zip Code: 33139

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: *MR* (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. **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	D COMRAS, JOSEPH 1111 LINCOLN ROAD MALL MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMRAS, MICHAEL 1111 LINCOLN ROAD MALL MIAMI BEACH FL 33139	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 Lincoln Road, Suite 9F Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 Lincoln Road, Suite 9F Miami Beach, FL 33139	<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: *MR* DATE: 3/14/00 DAYTIME PHONE #: 305-532-0433

CR2E034 (9/99)