

2000 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Aug 17, 2000 8:00 am
Secretary of State

03-30-2000 90027 026 ***150.00

DOCUMENT # P99000057178

1. Entity Name

BOHM-KORNSPAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

800 CYPRESS GROVE DRIVE
 SUITE 210
 POMPANO BEACH FL 33069

800 CYPRESS GROVE DRIVE
 SUITE 210
 POMPANO BEACH FL 33069-5018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FBI Number

65-0929050

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

MARVIN LEVY

Street Address (P.O. Box Number is Not Acceptable)

804 Cypress Grove Dr.
 #210

City

Pompano Beach FL

Zip Code

33069

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Marvin Levy

MARVIN LEVY

4-15-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD
 NAME: KORNSPAN, DONALD Delete
 STREET ADDRESS: 800 CYPRESS GROVE DRIVE
 CITY-ST-ZIP: POMPANO BEACH FL 33069

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SVD Delete
 NAME: GOODMAN, GLORIA
 STREET ADDRESS: 800 CYPRESS GROVE DRIVE
 CITY-ST-ZIP: POMPANO BEACH FL 33069

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change 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)(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:

Donald Kornspan

3-26-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)