

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000065631

1. Entity Name  
**EXTENSIS MANAGEMENT, INC.**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90074 021 \*\*\*150.00

Principal Place of Business C/O GEORGE BLUTSTEIN 20801 BISCAYNE BLVD., STE. 501 AVENTURA FL 33180	Mailing Address C/O GEORGE BLUTSTEIN 20801 BISCAYNE BLVD., STE. 501 AVENTURA FL 33180-1400
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>J. BERGER</b> <b>1949 S. OAK HAVEN CIRCLE</b> Suite, Apt. #, etc.	3. Mailing Address <b>J. BERGER</b> <b>1949 S. OAK HAVEN CIRCLE</b> Suite, Apt. #, etc.
City & State <b>N. MIAMI BEACH, FL</b>	City & State <b>N. MIAMI BEACH, FL</b>
Zip <b>33179</b> Country <b>USA</b>	Zip <b>33179</b> Country <b>USA</b>

4. FEI Number **65-0942237** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (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.  (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 <b>PRES.</b>	<input type="checkbox"/> Delete	TITLE <b>PRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JOEL BERGER</b>		NAME <b>JOEL BERGER</b>	
STREET ADDRESS <b>1949 S. OAK HAVEN CIRCLE</b>		STREET ADDRESS <b>1949 S. OAK HAVEN CIRCLE</b>	
CITY-ST-ZIP <b>N. MIAMI BEACH, FL 33179</b>		CITY-ST-ZIP <b>N. MIAMI BEACH, FL 33179</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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: Joel M. Berger **JOEL M BERGER** Date 4/26/00 Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)