

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**  
 05-01-2000 90425 012 \*\*\*150.00

**DOCUMENT # P99000088243**  
 Entity Name  
**LINE PASS INVESTORS, INC.**

Principal Place of Business <b>DAY AVENUE FL 33133</b>	Mailing Address <b>2997 DAY AVENUE MIAMI FL 33133-7203</b>
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DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>17130 Arvida Parkway Suite #1 WESTON FL 33331</b>	3. Mailing Address <b>17130 Arvida Parkway Suite #1 WESTON FL 33331</b>
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**MITCHELL, STEVEN J ESQ.**  
**2997 DAY AVENUE**  
**MIAMI FL 33133**

**7. Name and Address of New Registered Agent**  
 Name **STEVEN J. MITCHELL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17130 Arvida Parkway**  
**Suite #1**  
 City **WESTON** **FL** Zip Code **33331**

**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 **4/25/00**  
 Signature, typed or printed name of registered agent and title if applicable. (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MITCHELL, STEVEN J</b> <b>2997 DAY AVENUE</b> <b>MIAMI FL 33133</b> <b>17130 Arvida Parkway</b> <b>Suite #1</b> <b>Weston, FL 33331</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Gary Lesnik</b> <b>17130 Arvida Parkway, Suite #1</b> <b>Weston, FL 33331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **4/25/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)