

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096124

1. Entity Name

SHOWCASE INTERNATIONAL OF SOUTH FLORIDA, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90051 011 ***150.00

Principal Place of Business 350 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33405	Mailing Address 350 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33406-3020
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2. Principal Place of Business 350 South Congress Ave	3. Mailing Address SAME
Suite, Apt. #, etc. West Palm Beach Florida	Suite, Apt. #, etc. SAME
City & State	City & State
Zip 33405	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0958378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name: Showcase International Peter Fields # Street Address (P.O. Box Number is Not Acceptable): 350 South Congress Ave City: West Palm Beach FL Zip Code: 33406
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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: PETER FIELDS # DATE: April 19-00
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FIELDS, PETER L II 350 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #