

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105894

1. Entity Name
OURSELVES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90074 046 ***150.00

Principal Place of Business 7822 NW 68TH TERR. TAMARAC FL 33321	Mailing Address 7822 NW 68TH TERR. TAMARAC FL 33321
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2570 NW 94way Suite, Apt. #, etc.	3. Mailing Address PO Box 451656 Suite, Apt. #, etc.
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City & State Sunrise, FL	City & State Sunrise, FL	4. FEI Number 65-0963695	Applied For <input type="checkbox"/> Not Applicable
Zip 33322	Country USA	Zip 33345	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BRENNER-KENT, BETSY
7822 NW 68TH TERR.
TAMARAC FL 33321

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	
TITLE President	<input type="checkbox"/> Delete
NAME SCHECHET, JOEL	
STREET ADDRESS 2570 NW 94TH AVE. Way	
CITY-ST-ZIP SUNRISE FL 33322	
TITLE Vice President	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Secretary	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Schechet, Joel	
STREET ADDRESS 2570 NW 94 Way	
CITY-ST-ZIP Sunrise, FL 33322	
TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Joshua Kent	
STREET ADDRESS 2570 NW 94way	
CITY-ST-ZIP Sunrise, FL 33322	
TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Danicile Landriscina	
STREET ADDRESS 2570 NW 94 way	
CITY-ST-ZIP Sunrise, FL 33322	
TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Daniel Fugere	
STREET ADDRESS 1192 Royal Palm Blvd	
CITY-ST-ZIP Coral Springs, FL 33065	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: _____ DATE: **4/30/00** DAYTIME PHONE #: **(954) 578-9944**