2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # S00092 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** ELEANOR Z. RABIN, P.A. 01-19-2000 90119 027 ***150.00 Principal Place of Business Mailing Address 3594 S. OCEAN BLVD. 3594 S. OCEAN BLVD. #704 HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33432-5506 HS US 2. Principal Place of Business 3. Mailing Address <u>500 S.E. Mizner Blvd</u> 500 S.E. Mizner Blvd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Apt . A-802 City & State Apt. A-802 City & State Applied For 4. FEI Number 65-0221263 Not Applicable Boca Raton. Florida Boca Raton, \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 33432 33432 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent E.H.G. RESIDENT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 5100 TOWN CENTER CIRCLE STE 330 **SUITE 1225 BOCA RATON FL 33486** 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. January 10, 2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. XX Change ☐ Addition ☐ Delete TITLE TITLE D RABIN, ELEANOR Z. MAME RABIN, ELEANOR Z. STREET ADDRESS 3594 S. OCEAN BLVD., #704 STREET ADDRESS 500 S.E. MIZNER BLVD. APT. A-802 CITY-ST-ZIP HIGHLAND BEACH FL 33487 CITY-ST-ZIP BOCA RATON, FLORIDA 33432 ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 en truetee 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 attachmen SIGNATURE Daytime Phone