## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # S20794** 1. Entity Name 1436 BUILDING, INC. 01-31-2001 90191 034 \*\*\*150.00 Principal Place of Business Mailing Address C/O DAVID FELDMAN. PA AC/O DAVID FELDMAN 407 LINCOLN ROAD, STE 701 407 LINCOLN RD., STE 701 HUV-MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0244363 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELDMAN, DAVID Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN RD SUITE 407 MIAMI BEACH FL 33139 Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVPS TITLE ☐ Delete TITLE Change ☐ Addition KASSAB, SASSON NAME NAME STREET ADDRESS 36 NE 1 ST S211 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition FELDMAN, PRINCESS NAME NAME 407 LINCOLN RD, STE 701 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33139 CITY-ST-ZIP TITLE: ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

Princess Feldman TED NAME OF SIGNING OFFICER OR DIRECTOR