2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$65113

1. Entity Name

THE TURCHIN GROUP, INC.

Principal Place of Business

Mailing Address

1835 PURDY AVENUE MIAMI BEACH FL 33139 1835 PURDY AVENUE MIAMI BEACH FL 33139-1425

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90405 001 ***300.00



3. Principal Plage of Business 4501 N. MERIDIAN AVE.								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WR	TE IN THIS S	PACE	
-City & State		.City & State C		4.	FEI Number CE OCCOO		Ap	plied For
MIAM	I BEACH, FL.	MIAMI BE)	ex. Fr.		65-026988)Z 	No	t Applicable
3314	O DADE	33140	DADE	5.	Certificate of Status Desired		8.75 Add ee Required	
	- 6. Name and Address of Current Re	egistered Agent		7. l	Name and Address of New I	Registered A	gent	 -
			Name					
TURO 1835 MIAN	Street Address (P.O. Box Number is Not Acceptable)							
			City			FL	Zip Code))
8. The above	named entity submits this statement for t	he purpose of changing its	registered office or re	gistered ag	gent, or both, in the State of F	lorida.		
SIGNATURE _		A latter 16 - and the policy of the policy o	E: Registered Agent signature r	required when "	eunstating)	DATE		
	Signature, typed or printed name of registered agent and	1 title if applicable. (NOTI	z: Hegistered Agent signature r	equired when n	enstating)		_	
b. (The component of the state			!!! FEE IS \$150.00 00 Fee will be \$550 ble to Department o	0.00	10. Election Campaign F. Trust Fund Contribution			0 May Be I to Fees
11.	OFFICERS AND D	IRECTORS	12.	ΑI	ODITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS	PST TURCHIN JR., ROBERT L. 4501 N. MERIDIAN AVENUE	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP				_	
TITLE	VD	Delete	TITLE NAME				☐ Change	Addition
NAME STREET ADDRESS	Turchin Sr., Robert L. C/O 1835 Purdy Ave.		STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP		<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	•			☐ Change	· Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	d in Section	ı 119.07(3)(i), Florida Statutes	s. I further cer	Change	Addition Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oard; trial I am all officers 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:

ROBERT C. JUNCHIA TR NTED NAME OF SIGNING OFFICER OR DIRECTOR