

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03973

1. Entity Name

THREE MINUTES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90007 042 ***150.00

645159



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5353 W ATLANTIC AVE 403/404 DELRAY BEACH FL 33434 US	10612 MENDOCINO LN BOCA RATON FL 33428-1228 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	10612 Mendocino Ln.

City & State	City & State
	Boca Raton FL
Zip	Zip
	33428
Country	Country
	U.S.

4. FEI Number	65-0317678	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOOKSTEIN, MERRILL A 107 SW 6TH ST. FT. LAUDERDALE FL

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	DP
NAME	LEVINE, STEVEN
STREET ADDRESS	10612 MENDOCINO LANE
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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)(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.

SIGNATURE:	APR 18/2000	561-4967250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (9/99)