

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90050 043 ***150.00

DOCUMENT # V17053
 1. Entity Name
UNIT 1201 TIFFANY CORP.

| | |
|--|---|
| Principal Place of Business 10175 COLLINS AVE #1201 BAL HARBOUR FL | Mailing Address 10175 COLLINS AVE #1201 BAL HARBOUR FL 33154-1640 |
|--|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|---|
| 4. FEI Number 65-0346687 | | <input checked="" type="checkbox"/> Applied For |
| | | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FELDMAN, DAVID ESG
407 LINCOLN ROAD PH NE
MIAMI BEACH FL 33139

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 | <input type="checkbox"/> Delete |
| NAME | HODARA, HELIO | |
| STREET ADDRESS | 10175 COLLINS AVE #1201 | |
| CITY-ST-ZIP | BAL HARBOUR FL | |
| TITLE | DVST | <input type="checkbox"/> Delete |
| NAME | HODARA, JANETTE | |
| STREET ADDRESS | 10175 COLLINS AVE #1201 | |
| CITY-ST-ZIP | BAL HARBOUR FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HODARA, DEBORAH P | |
| STREET ADDRESS | 10175 COLLINS AVE #1201 | |
| CITY-ST-ZIP | BAL HARBOUR FL | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | HODARA, ANDREA ALEXANDRA | |
| STREET ADDRESS | 10175 COLLINS AVE #1201 | |
| CITY-ST-ZIP | BAL HARBOUR FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HODARA, PATTRYCIA A. | |
| STREET ADDRESS | 10175 COLLINS AVE #1201 | |
| CITY-ST-ZIP | BAL HARBOUR FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| 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)(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: _____ **07/02/2000** **305 864 7076**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)