

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90085 014 \*\*\*150.00

**DOCUMENT # V67207**

1. Entity Name  
**TRACY DARA KAMENSTEIN, INC.**

Principal Place of Business <b>235 A WORTH AVENUE PALM BEACH FL 33480</b>	Mailing Address <b>235 A WORTH AVENUE PALM BEACH FL 33480-4614</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0355514</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KAMENSTEIN, DAVID**  
~~830 S OCEAN BLVD~~ **PO BOX 2208**  
**PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name: **DAVID KAMENSTEIN**

Street Address (P.O. Box Number is Not Acceptable): **306 Chilean Ave**

City: **PALM BEACH** FL Zip Code: **33480**

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]* - **VICE PRESIDENT** DATE: **5/11/2000**

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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>KAMENSTEIN, DAVID</b> <del>830 S OCEAN BLVD</del> <b>PO. Box 2208</b> <b>PALM BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KAMENSTEIN, TRACY</b> <del>830 S OCEAN BLVD</del> <b>PO. Box 2208</b> <b>PURCHASE NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>KAMENSTEIN, CAROL</b> <del>830 S OCEAN BLVD</del> <b>PO. Box 2208</b> <b>PALM BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 2208 - 306 Chilean Ave</b> <b>Palm Beach FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 2208 - 306 CHILEAN AVE</b> <b>Palm Beach FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 2208 - 306 CHILEAN AVE</b> <b>Palm Beach FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* DATE: **4/21/2000** DAYTIME PHONE #: **561-833-4055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)