

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90014 022 ***155.00

DOCUMENT # L69724

1. Entity Name
50441, INC.

Principal Place of Business

Mailing Address

18260 NE 19 AVE
 SUITE 202
 N MIAMI BEACH FL 33162

18260 NE 19 AVE
 SUITE 202
 N MIAMI BEACH FL 33162-1632

2. Principal Place of Business

3. Mailing Address

18628 OCEAN MIST DRIVE
 Suite, Apt. #, etc.

18628 OCEAN MIST DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
65-0229438

Applied For
 Not Applicable

Zip
33498

Country

Zip
33498

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENFELD, ALEXANDER M.
 18260 NE 19 AVE
 SUITE 202
 N MIAMI BEACH FL 33162

Name **BEN GOODMAN**
 Street Address (P.O. Box Number is Not Acceptable)
18628 OCEAN MIST DRIVE
 City **BOCA RATON FL** Zip Code **33498**

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 *Ben Goodman* **BEN GOODMAN** 3-26-00
Signature, typed or printed name of registered agent and title if applicable. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	ROSENFELD, ALEXANDER M.	18260 NE 19TH AVE #202	N MIAMI BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/T	GOODMAN BEN	18628 OCEAN MIST DRIVE	BOCA RATON, FL 33498	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	GOODMAN, SALLY	18628 OCEAN MIST DRIVE	BOCA RATON, FL 33498	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Ben Goodman* **BEN GOODMAN** 3/26/00 (561)482-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)