

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90124 001 \*5,250.00

DOCUMENT # P.97000073022

1. Entity Name

SEPTEMBER PROJECT IV CORP.

Principal Place of Business Mailing Address
7695 S.W. 104TH STREET SUITE 210 MIAMI FL 33156

11163



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65 1001 8388 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LITTMAN, ERIC P
7695 S.W. 104TH STREET
SUITE 210
MIAMI FL 33156

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 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

Table with 7 rows for Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, Delete checkbox.

Table with 7 rows for Additions/Changes to Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, Change checkbox, Addition 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)