

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90064 013 ***150.00

DOCUMENT # **98000070026**
 Entity Name
1007 DUVAL STREET CORPORATION

Principal Place of Business
10211 W. SAMPLE Rd
Suite 211
CORAL SPRINGS, FL. 33065

Mailing Address
10211 W. SAMPLE Rd
Suite 211
CORAL SPRINGS, FL. 33065

661338

Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0856848

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
PETER PARISI
2832 NE 21st COURT
FT. LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number Not Acceptable)
4045 NW 16th St. 111
 City **FT. LAUDERDALE** FL Zip Code **33313**

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  **PETER PARISI** DATE **4/29/00**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

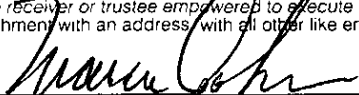
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D MARCIA T. COHEN 12079 NW 1st ST. CORAL SPRINGS, FL. 33065	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	

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:  **MARCIA COHEN** DATE **4/29/00** (954) 341-0012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)