

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-18-2000 90352 022 ***150.00

DOCUMENT # P98000095277

1. Entity Name
 10001 PHASE I, INC.

| | |
|---|--|
| Principal Place of Business % ROY KAHN 3120 HOLIDAY SPRINGS BLVD., STE. 109 MARGATE FL 33063 | Mailing Address % ROY KAHN 3120 HOLIDAY SPRINGS BLVD., STE. 109 MARGATE FL 33063-5417 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 100 JEFFERSON AVE (Suite) Apt. #, etc. 10001 City & State MIAMI BEACH-FL | 3. Mailing Address 100 JEFFERSON AVE (Suite) Apt. #, etc. 10001 City & State MIAMI BEACH, FL |
| Zip 33139 Country US | Zip 33139 Country |

4. FEI Number **65-0885856** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KAHN, MORRIS
 % ROY KAHN
 3120 HOLIDAY SPRINGS BLVD., STE. 109
 MARGATE FL 33063

7. Name and Address of New Registered Agent
 Name **KAHN, MORRIS**
 Street Address (P.O. Box Number is Not Acceptable)
100 JEFFERSON AVE
STE 10001
 City **MIAMI BEACH FL** Zip Code **33139**

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 *Morris Kahn* DATE **4/28/00**
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)

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 NAME STREET ADDRESS CITY-ST-ZIP | P KAHN, MORRIS 3210 HOLIDAY SPRINGS BLVD. STE 109 MARGATE FL 33063 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KAHN, MORRIS 3120 HOLIDAY SPRINGS BLVD, STE 109 MARGATE FL 33063 <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 |
| 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 | PRESIDENT KAHN, AUDREY 100 JEFFERSON AVE STE 10001 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 JEFFERSON AVE STE 10001 MIAMI BEACH, FL 33139 |
| 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 |
| 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)(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: *Morris Kahn* DATE: **4/28/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)