

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90037 039 ***150.00

DOCUMENT # **F02687**
1. Entity Name
THE FORUM, INC

DO NOT WRITE IN THIS SPACE

427362

2. Principal Place of Business
127 BAL BAY DR.
Suite, Apt. #, etc.

3. Mailing Address
127 BAL BAY DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BAL HARBOUR FL.

City & State
BAL HARBOUR, FL

Zip
33154 Country
USA

Zip
33154 Country
USA

4. FEI Number **59-1394756** Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**


7. Name and Address of Current Registered Agent

Name **JACK KUPER**

Street Address (P.O. Box Number is Not Acceptable)
127 BAL BAY DR

City **BAL HARBOUR FL** Zip Code **33154**

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  **JACK KUPER** **3/11/02**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	JACK KUPER DPS	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/11/02** **305 866 0217**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)