

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90079 002 \*\*\*\*70.00

**DOCUMENT # N98000001543**

1. Entity Name

**PROJECT DISCOVERY, INC.**

Principal Place of Business

Mailing Address

**401 SW 2ND ST  
 FT LAUDERDALE FL 33312**

**401 SW 2ND ST  
 FT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0822020**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOREN, SAMUEL S ESQ  
 3099 E COMMERCIAL BLVD, SUITE 200  
 FT LAUDERDALE FL 33308**

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD**  Delete  
 NAME **KOENIG, KEITH**  
 STREET ADDRESS **C/O CITY FURNITURE, 251 INTL PARKWAY**  
 CITY-ST-ZIP **SUNRISE FL 33325**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **LEVINSON, JON**  
 STREET ADDRESS **2915 FESERM HWY #D2**  
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HALMOS, STEVEN J**  
 STREET ADDRESS **HALMOS HOLDINGS, INC., 21 W LAS OLAS BLVD**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KIRBY, RICHARD**  
 STREET ADDRESS **RENAISSANCE CRUISES, INC.-BOX 350307**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33335**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **RODRIGUEZ, RAMON A**  
 STREET ADDRESS **350 E W OLAS BLVD #1420**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **O'HARA, PAUL**  
 STREET ADDRESS **PRECISION RESPONSE CORP-1505 NW 167TH ST**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 **RICHARD KIRBY**

Date **1/14/02**

Daytime Phone # **954 467-6637**

CR2E037 (9/01)