

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 91433 006 ***150.00

DOCUMENT # P02000052035

1. Entity Name
PUBLIC STORAGE ETC., INC.

Principal Place of Business
**1550 N.E MIAMI GARDENS DRIVE
SUITE 500
NORTH MIAMI BEACH FL 33179**

Mailing Address
**1550 N.E MIAMI GARDENS DRIVE
SUITE 500
NORTH MIAMI BEACH FL 33179**



2. Principal Place of Business
1550 NE Miami Gardens Drive

3. Mailing Address
1550 NE Miami Gardens Drive

Suite, Apt. #, etc.
Suite 200

City & State
N. Miami, FL

City & State
N. Miami, FL

Zip
33179

Country
USA

4. FEI Number
73-1647529

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

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAVIDSON, RON
1550 N.E MIAMI GARDENS DRIVE
SUITE 500
NORTH MIAMI BEACH FL 33179**

7. Name and Address of Now Registered Agent

Name
Ron Davidson

Street Address (P.O. Box Number is Not Acceptable)
1550 NE Miami Gardens Drive, Suite 200

City
N. Miami Beach

FL

Zip Code
33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAZ, ETAN	
STREET ADDRESS	1550 N.E MIAMI GARDENS DRIVE #500	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	V	<input type="checkbox"/> Delete
NAME	COHEN, GUY	
STREET ADDRESS	1550 N.E MIAMI GARDENS DRIVE #500	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIDSON, RON	
STREET ADDRESS	1550 N.E MIAMI GARDENS DRIVE #500	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETAN RAZ	
STREET ADDRESS	1550 NE Miami Gardens Drive, Suite 200	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guy Cohen	
STREET ADDRESS	1550 NE Miami Gardens Drive, Suite 200	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Davidson	
STREET ADDRESS	1550 NE Miami Gardens Drive, Suite 200	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **ETAN RAZ** 4/21/03

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

CR2E034 (10/02)