

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90047 047 \*\*\*150.00

**DOCUMENT # P25483**  
 1. Entity Name  
**BRCMC, INC.**

Principal Place of Business      Mailing Address  
**WOODLAND FALLS CORPORATE PARK.**      **% BLANK. ROME. COMISKY & MCCAULEY**  
**210 LAKE DR. EAST. SUITE 200**      **1200 N. FEDERAL HWY., STE 417**  
**CHERRY HILL NJ 08002**      **BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number **22-2981580**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**LEEDS, MICHAEL H**  
**1200 N. FEDERAL HIGHWAY**  
**STE. 417**  
**BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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, 2002 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>RUTTENBERG, FRED A</b>
STREET ADDRESS	<b>210 LAKE DR. E. #200</b>
CITY-ST-ZIP	<b>CHERRY HILL NJ</b>
TITLE	<b>VPD</b> <input type="checkbox"/> Delete
NAME	<b>LEEDS, MICHAEL H</b>
STREET ADDRESS	<b>1200 N. FEDERAL HWY. STE. 417</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete
NAME	<b>WEINSTEIN, STEVEN D.</b>
STREET ADDRESS	<b>210 LAKE DR. E. #200</b>
CITY-ST-ZIP	<b>CHERRY HILL NJ</b>
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	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *SIGNATURE OF MICHAEL H. LEEDS*      M: CHIA H. LEEDS 1/26/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 8100

CR2E034 (9/01)