

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90127 045 ***150.00

01072001 AV

DOCUMENT # P93000050087

1. Entity Name
DADE BULB, INC.

Principal Place of Business

**12451 S DIXIE HWY
 MIAMI FL 33156
 US**

Mailing Address

**4100 N. POWERLINE ROAD
 SUITE H-5
 POMPANO BEACH FL 33073
 US**



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

65-0424327

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

7. Name and Address of New Registered Agent

**GERSOWSKY, JAKE
 4100 N POWERLINE RD
 STE H-5
 POMPANO BEACH FL 33073**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	GERSOWSKY, JAKE	
STREET ADDRESS	4100 N POWERLINE RD STE H-5	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	P	<input type="checkbox"/> Delete
NAME	HENNINGS, ASHLEY	
STREET ADDRESS	12451 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STOLLER, PETER	
STREET ADDRESS	6519 VIA BENITA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CIVIN, STANLEY	
STREET ADDRESS	10382 BUENA VENTURA DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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 605, 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: **J. GERSOWSKY**
 PRESIDENT / CFO
 954-984-9136

4/29/02
 Daytime Phone #

CR2E034 (9/01)