


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

05-08-2003 90150 022 ***150.00

DOCUMENT # P95000012272

1. Entity Name
1209 GROUP, INC.



Principal Place of Business
**1209 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33301**

Mailing Address
**1209 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33301**

JJ0J26JJ



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip **33316-1905**

4. FEI Number **65-0561858**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GELETY, MICHAEL D
1209 SOUTHEAST 3RD AVENUE
FT. LAUDERDALE FL 33316**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GELETY, MICHAEL D 1209 S.E. 3RD AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, RUBEN M 1209 S.E. 3RD AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AIKEN, PETER D 1209 S.E. 3RD AVENUE FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: SIGNATURE: [Signature] **7/9/03 (954) 462-4600**

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

CR2E034 (4/03)


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment #
5/8/2003-90150-022-\$150.00-\$150.00

034692
AV

DOCUMENT # **P95000012272**

1. Entity Name
1209 GROUP, INC.



Principal Place of Business
1209 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33301

Mailing Address
1209 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33301

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

55052093

[REDACTED]

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GELETY, MICHAEL D
1209 SOUTHEAST 3RD AVENUE
FT. LAUDERDALE FL 33316

4. FEI Number **65-0561858**

Applied For
 Not Applicable

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

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

SIGNATURE *[Signature]* **As Director** **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **As Director**

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

6/3/03 GARCIA + 4/30/03

CR2E034 (10/02)