FILED

Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90666 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

CORAL SPRINGS FL 33065

BRILL, SAMUEL -

BRILL, JANET

P96000063034

1. Entity Name

Zip

SIGNATURE

10.

TITLE

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CITY-ST-ZIP

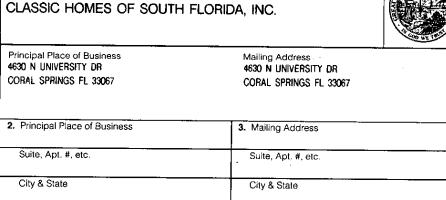
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☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0676467 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENTHAL, ALAN H CPA, PA Street Address (P.O. Box Number is Not Acceptable) 3300-UNIVERSITY DRIVE STE 305 City 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, 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. 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition Change NAME 4630 N UNVERSITY DRIVE PMB 436 STREET ADDRESS CORAL SPRINGS FL 33067 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME 4630 N UNVERSITY DRIVE PMB 436 STREET ADDRESS CORAL SPRINGS FL 33067 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete 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 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SAMUEL BRILL

☐ Change

■ Addition