


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90538 034 \*\*\*150.00

**DOCUMENT # P97000031794**

1. Entity Name  
**THE LION HEART GROUP, INC.**



Principal Place of Business  
1180 S POWERLINE RD  
SUITE 102  
POMPANO BEACH FL 33069  
US

Mailing Address  
P O BOX 639  
POMPANO BCH FL 33061  
US



2. Principal Place of Business  
**1106 S. POWERLINE RD**

3. Mailing Address  
**P.O. Box 667230**

Suite, Apt. #, etc.  
**SUITE 102**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**POMPANO BEACH FL**

City & State

Zip  
**33066-7230**

Country  
**USA**

4. FEI Number  
**65-0748401**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDMAN, ROBERT E ESQ.**  
**6550 N. FEDERAL HWY., STE. 511**  
**FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1 EAST BROWARD BLVD STE 700**

City **FORT LAUDERDALE FL** Zip Code **33301**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P KODISH, VALA</b> <b>289 N E 102ND ST</b> <b>MIAMI SHORES FL 33138</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST KODISH, BEVERLY J</b> <b>2128 NW 60TH CIRCLE</b> <b>BOCA RATON FL 33496</b> <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
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	<b>P/D KODISH, KEN</b> <b>289 NE 102ND ST</b> <b>MIAMI SHORES, FL 33138</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KODISH, EDWIN</b> <b>2128 NW 60TH CIRCLE</b> <b>BOCA RATON, FL 33496</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D LOIDA NICOLAS LEWIS</b> <b>834 FIFTH AVE</b> <b>NEW YORK, N.Y. 10021</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REY P. GLOVER</b> <b>204 E. 32ND ST</b> <b>CHICAGO, IL 60616</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED** **4/16/03** **954 984 8665**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)