


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90766 027 \*\*\*158.75

CORPORATE  
AU

<b>DOCUMENT # P99000001895</b>			
1. Entity Name <b>BIRCH 9, INC.</b>			
Principal Place of Business <b>2800 N.E. 9TH STREET FORT LAUDERDALE FL 33304</b>		Mailing Address <b>2800 N.E. 9TH STREET FORT LAUDERDALE FL 33304</b>	
2. Principal Place of Business <b>19955 N.E. 38th CT</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>2106</b>		Suite, Apt. #, etc.	
City & State <b>AVENTURA FL</b>		City & State	
4. FEI Number <b>65-0881269</b>	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MARTINACK, DANIEL 2800 N.E. 9TH ST FORT LAUDERDALE FL 33304</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
Apt 2106 <b>19955 NE 38th Ct Aventura, FL 33180</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NUMBER FEE IS \$180.00 After May 1, 2003 Fee will be \$294.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GREEN, GEORGE 2800 N.E. 9TH STREET FORT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>George Green Apt 2106 19955 NE 38th Ct Aventura, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MARTINACK, DANIEL J 2800 N.E. 9TH STREET FORT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Apt 2106 19955 NE 38th Ct Aventura, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GREEN, ELAINE K 2800 N.E. 9TH STREET FORT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Apt 2106 19955 NE 38th Ct Aventura, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD MARTINACK, LAUREN 2800 N.E. 9TH STREET FORT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Apt 2106 19955 NE 38th Ct Aventura, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GREEN, TAMMY 2800 N.E. 9TH STREET FORT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Apt 2106 19955 NE 38th Ct Aventura, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 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: <u>George Green</u> <b>GEORGE GREEN</b> 4/28/03 937-0485 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CORPORATE  
AU