

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

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90199 001 \*\*\*300.00

DOCUMENT # P 99000104240

1. Entity Name  
**PATKOR, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**476 SUGAR RIDGE CT.**

3. Mailing Address  
**476 SUGAR RIDGE CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**LONGWOOD, FL.**

City & State  
**LONGWOOD, FL.**

4. FEI Number  
**651008598**

Applied For  
Not Applicable

Zip  
**32779** Country  
**USA**

Zip  
**32779** Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PER SAUD, SAMUEL A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1450 MADRUGA AVENUE**

**SUITE 300**

City **CORAL GABLES** FL Zip Code **33146**

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 **GIOVANNI BRUS, PRESIDENT**

Signature, typed or printed name of registered agent or director if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4-17-02**

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/D	GIOVANNI BRUS	476 SUGAR RIDGE CT.	LONGWOOD, FL. 32779				
V/D	W. LEE HEARN	476 SUGAR RIDGE CT.	LONGWOOD, FL. 32779				
S/T/D	MICHELL RUBINSTEIN	476 SUGAR RIDGE CT.	LONGWOOD, FL. 32779				

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all the like empowerment.

SIGNATURE: **GIOVANNI BRUS, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-17-02**

DATE

DAYTIME PHONE # **407-682-4742**

DAYTIME PHONE #