

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

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90029 013 ***550.00

DOCUMENT # V24800

1. Entity Name

KIRSNER CAMBRIDGE PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5100 Town Center Circle

3. Mailing Address
5100 Town Center Circle

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

4. FEI Number **65-0331453**

Applied For
Not Applicable

Zip
33486

Country
U.S.A.

Zip
33486

Country
U.S.A.

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Marvin A. Kirsner**

Street Address (P.O. Box Number is Not Acceptable)

5100 Town Center Circle, Suite 400

City **Boca Raton**

FL

Zip Code
33486

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

Marvin A. Kirsner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/18/03

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DP Kirsner, Hyman A. 34 Star Island, Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS Kirsner, Marvin A. 5100 Town Center Circle, Suite 400 Boca Raton, Florida 33486
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marvin A. Kirsner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/03

Date

Daytime Phone #

CR2E034B (12/02)