

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90424 005 \*\*\*150.00

**DOCUMENT # L80573**

1. Entity Name  
**BENEFIT REVIEW SERVICE, INC.**



Principal Place of Business  
**251 N.E. 211 STREET  
N. MIAMI BEACH FL 33179  
US**

Mailing Address  
**P. O. BOX 601173  
NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business  
**368 N.E. 195 STREET**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**N. MIAMI BEACH, FL.**

City & State

4. FEI Number **65-0204970**

Applied For  
Not Applicable

Zip  
**33179**

Country  
**USA**

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**HUBERMAN, RICHARD  
251 N.E. 211 STREET  
N. MIAMI BCH. FL 33179**

## 7. Name and Address of New Registered Agent

Name **HUBERMAN, RICHARD**

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

**368 N.E. 195 STREET**

City **N. MIAMI BEACH**

FL

Zip Code  
**33179**

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 *Richard Huberman*, **RICHARD HUBERMAN, PRESIDENT**

**4/18/03**

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  
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 **PSD** ☐ Delete  
NAME **HUBERMAN, RICHARD**  
STREET ADDRESS **251 N.E. 211 STREET**  
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition  
NAME **HUBERMAN, RICHARD**  
STREET ADDRESS **368 N.E. 195 ST.**  
CITY-ST-ZIP **N. MIAMI BEACH, FL. 33179**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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.

SIGNATURE: *Richard Huberman*, **RICHARD HUBERMAN, PRESIDENT** **4/18/03** **(305) 949-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)