

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90984 002 ***150.00

DOCUMENT # P98000067499

1. Entity Name
SEVENTY-FIVE EAST, INC.



Principal Place of Business
**1000 NORTH HIATUS ROAD
#100
PEMBROKE PINES FL 33026**

Mailing Address
**1000 NORTH HIATUS ROAD
#100
PEMBROKE PINES FL 33026**

11022248



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0855355		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE SUITE 430 BOCA RATON FL 33486				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT B		NAME		
STREET ADDRESS	1000 NORTH HIATUS ROAD, STE 100		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD		NAME		
STREET ADDRESS	1000 NORTH HIATUS ROAD, STE 100		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	AROLPH BERGEN	
STREET ADDRESS			STREET ADDRESS	1000 NORTH HIATUS ROAD, Ste 100	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		<input type="checkbox"/> Delete	TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BELENE BERGEN	
STREET ADDRESS			STREET ADDRESS	1000 NORTH HIATUS ROAD, Ste 100	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		<input type="checkbox"/> Delete	TITLE	VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CORINNE MILLER COFF	
STREET ADDRESS			STREET ADDRESS	1000 NORTH HIATUS ROAD, Ste 100	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		<input type="checkbox"/> Delete	TITLE	VP, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LAWRENCE J. COFF	
STREET ADDRESS			STREET ADDRESS	1000 NORTH HIATUS ROAD, Ste 100	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES, FL 33026	

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** *4/26/03* DATE: _____ DAYTIME PHONE # _____

CR2E034 (10/02)