

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90155 037 ***158.75

DOCUMENT # 210652



1. Entity Name
REX THREE, INC.

Principal Place of Business
15431 SW 14TH STREET
15431 SW 14TH ST
SUNRISE FL 33326-1937
US

Mailing Address
REX THREE, INC.
15431 SW 14TH ST
SUNRISE FL 33326-1937
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0859951

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, STEPHEN H
15431 SW 14TH STREET
SUNRISE FL 33261

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 _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, STEPHEN H	
STREET ADDRESS	15431 S.W. 14TH ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	MILLER, JULIUS	
STREET ADDRESS	15432 SW 14TH ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHUSTERMAN, HOWARD	
STREET ADDRESS	15431 SW 14TH ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MELVIN	
STREET ADDRESS	15431 SW 14TH ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, ELEANOR	
STREET ADDRESS	15431 SW 14TH ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NASHER, BRUCE	
STREET ADDRESS	15431 SW 14TH ST	
CITY-ST-ZIP	SUNRISE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 (954) 452-8301
Date Daytime Phone #

CR2E034 (10/02)