

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 333742

1. Entity Name

BIRER INVESTMENTS CORP

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90354 028 ***150.00

0405731 AV

Principal Place of Business

6700 BROKEN SOUND PKWY NW
 STE 200
 BOCA RATON FL 33487
 US

Mailing Address

6700 BROKEN SOUND PKWY NW
 STE 200
 BOCA RATON FL 33487
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1273044

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

80053974



6. Name and Address of Current Registered Agent

SAMUEL J. CANTOR

6700 BROKEN SOUND PKWY STE 200

BOCA RATON FL 33487

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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 PD
 NAME BISTRICER, HERMAN
 STREET ADDRESS 6550 NORTH FEDERAL HWY STE 240
 CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Delete

TITLE VPS
 NAME BLATT, ROBERT
 STREET ADDRESS 6550 NORTH FEDERAL HWY STE 240
 CITY-ST-ZIP FORT LAUDERDALE FL 33308

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-07-02

CR2E034 (9/01)