

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90029 042 \*\*\*\*61.25

**DOCUMENT # 705628**

1. Entity Name

**JOHN PAUL CORPORATION**

Principal Place of Business

Mailing Address

12100 WEST DIXIE HWY  
 NORTH MIAMI FL 33161

12100 WEST DIXIE HWY  
 NORTH MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0998614**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRULIN, STEVE ESQ**  
**12805 HICKORY ROAD**  
**NORTH MIAMI FL 33161**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDEARMAID, MICHAEL</b>	NAME	
STREET ADDRESS	<b>840 NE 127 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRULIN, STEVE</b>	NAME	
STREET ADDRESS	<b>12805 HICKORY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELDON, ERIC</b>	NAME	
STREET ADDRESS	<b>224 ATLANTIC ISLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMANIK, TOM</b>	NAME	
STREET ADDRESS	<b>195 N.W. 103RD ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33150</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEIFFRIED, KEVIN</b>	NAME	
STREET ADDRESS	<b>12665 N.W. 8TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFILIPPO, SAM</b>	NAME	
STREET ADDRESS	<b>1015 N.E. 127 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	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 617, 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: *Stephen E. Krulin VP* **STEPHEN E. KRULIN VP** 1/16/2002 305 891 6545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)