2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-20-2002 90118 022 ****61.25

DOCUMENT # 752698

1. Entity Name

THE BUSINESS FORUM, INC.

Principal Place of Business	Mailing Address
P O BOX 10145 POMPANO BEACH FL 33061	P O BOX 10145 POMPANO BEACH FL 33061

DO NOT WRITE IN THIS SPACE

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 59-2554230 ☐ Applied For ☐ Not Applicable

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
SHERMAN, KIM DOUGLAS 1000 CORPORATE DR STE 300 FORT LAUDERDALE FL 33334	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	
TITLE	VP	☒ Delete	TITLE	PRESIDENT D	☐ Change ☐ Addition
NAME	BILLIAMS, B.J.		NAME	DR. MARC. J. Gannon	
STREET ADDRESS	21 ROYAL PALM WAY #606		STREET ADDRESS	5333 N- DIXIE Hwy #101	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	Ft. LAUDERDALE, FL 33334.	
TITLE	VD	☒ Delete	TITLE	V President. VP. D	☐ Change ☐ Addition
NAME	STU, MELVER		NAME	JEFF BROWN	
STREET ADDRESS	895 N.E. 26TH AVENUE		STREET ADDRESS	100 E. Sample Rd #220	
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	TD D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARPALANI, HARESH		NAME		
STREET ADDRESS	4420 G NE 20TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	SECRETARY	☐ Change ☐ Addition
NAME	BASS, DAVID		NAME	Kathleen Doyle	
STREET ADDRESS	4400 N FEDERAL HWY		STREET ADDRESS	4701 N. Federal Hwy #312	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP	Pompano Beach, FL 33066	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (9/01)

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: [signature] RECEPTION 6th Feb 02 (954) 4918777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #