

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F000000000675

1. Entity Name Schlecht, Inc.

DO NOT WRITE IN THIS SPACE



23966

2. Principal Place of Business
225 NE Mizner Blvd

3. Mailing Address
same

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Suite 325

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

4. FEI Number
65-0977613

Applied For
 Not Applicable

Zip
33434

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Michael J. Rothberg
Street Address (P.O. Box Number is Not Acceptable)
7551 Isla Verde Way

City
Del Rey Beach FL Zip Code
33446

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

4/12/02

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

(NOTE: Registered Agent signature is required when instituting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 31 Fee is \$150.00
After May 1 - Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Michael J Rothberg
7551 Isla Verde Way
Del Rey Beach, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
✓
Geoff Molinar
4250 Gault Ocean Drive, Apt 21H
Fort Lauderdale, FL 33308

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Rothberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

DATE

96-417-0004 X40

DAYTIME PHONE #

CR2E034S (12/01)