2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

May 14, 2002 8:00 am 8 Secretary of State DOCUMENT # F01000002118 1. Entity Name NEWBRIDGE SECURITIES CORPORATION 05-14-2002 90303 043 ***150.00 Principal Place of Business Mailing Address 1451 W. CYPRESS CREEK RD 1451 W. CYPRESS CREEK RD STE 204 STE 204 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1879031 Not Applicable \$8:75-Additional: 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREITBART, GREGG J Street Address (P.O. Box Number is Not Acceptable) 1451 W. CYPRESS CREEK RD., #204 FT LAUDERDALE FL 33309 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PCD ☐ Delete TITLE Change Addition AMICO, GUY S NAME NAME STREET ADDRESS 1451 W. CYPRESS CREEK RD #204 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GOLDSTEIN, SCOTT H NAME STREET ADDRESS 1451 W. CYPRESS CREEK RD #204 STREET ADDRESS CITY-ST-ZIP ET-LAUDERDALE-FL CITY_ST_ZIP_ Delete TITLE ☐ Change ☐ Addition NAME PHELPS, JAMES L STREET ADDRESS 1451 W. CYPRESS CREEK RD #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE Delete TITLE ☐ Change Addition **BUDDIE, GINA** NAME NAME STREET ADDRESS 1451 W. CYPRESS CREEK RD #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

er like empowered

RINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED