

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90284 017 \*\*\*150.00

STATE OF FLORIDA

**DOCUMENT # F70512**

1. Entity Name  
**FALCHER, INC.**



Principal Place of Business  
**7875 HOLLYWOOD BLVD  
PEMBROKE PINES FL 33024**

Mailing Address  
**7875 HOLLYWOOD BLVD  
PEMBROKE PINES FL 33024**



2. Principal Place of Business  
**7875 - A - Pines Blvd**

3. Mailing Address  
**7875 - A - Pines Blvd**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Pembroke Pines Fl**

City & State  
**Pembroke Pines Fl**

Zip  
**33024**

Country  
**Bwd**

4. FEI Number **59-2210059**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FALK, STEVEN, N  
7875 A HOLLYWOOD BLVD  
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**7875 - A - Pines Blvd**

City  
**Pembroke Pines**

State  
**FL**

Zip Code  
**33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **3/1/03**

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.**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FALK, STEVEN, N	7875 A HOLLYWOOD BLVD.	PEMBROKE PINES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/1/03**  
DAYTIME PHONE #: **9549631208**

CR2E034 (10/02)