

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90235 050 \*\*\*150.00

DOCUMENT # F98000002719

1. Entity Name  
CONCEPT VENTURES, INC.



Principal Place of Business  
1221 BRICKELL AVE  
SUITE 900  
MIAMI FL 33131

Mailing Address  
1221 BRICKELL AVE  
SUITE 900  
MIAMI FL 33131



2. Principal Place of Business

1680 Michigan Avenue

Suite, Apt. #, etc.

Suite 1000

City & State

Miami Beach, FL

Zip 33139

Country

USA

3. Mailing Address

1680 Michigan Avenue

Suite, Apt. #, etc.

Suite 1000

City & State

Miami Beach, FL

Zip 33139

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0830667

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS

941 FOURTH STREET

# 200

MIAMI FL 33139

7. Name and Address of New Registered Agent

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

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 \$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 PD  
NAME ROISENBERG, MARAT  
STREET ADDRESS 407 PARK AVENUE SOUTH #18E  
CITY-ST-ZIP NEW YORK NY 10016

☐ Delete

TITLE SD  
NAME KALIMI, JAMEE M  
STREET ADDRESS 3314 OAK DRIVE  
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 1680 Michigan Avenue, Suite 1000  
CITY-ST-ZIP Miami Beach, FL 33139

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Jamee M Kalimi, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

305-538-7840  
Daytime Phone #

CR2E034 (10/02)