


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0340612 AV

DOCUMENT # G78178

1. Entity Name
FILINGS, INC.



FILED

03 APR 21 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311-4132

Mailing Address
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311-4132

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2517007**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEYMAN, L
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEYMAN, LESLIE 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000018461200 05/07/03--01089--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYDEN, ROBERT 3732 NW 16TH ST. FL. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D HEYMAN, BONNIE 3732 NW 16TH ST FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMAN, TERESA 3732 NW 16TH ST. FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, BRENDA 3732 NW 16TH ST FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leslie Heyman* **SIGNATURE REQUIRED** Date: **4/18/03** Daytime Phone #: **979 791 2100**

CR2E034 (10/02)