

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91514 046 \*\*\*150.00

DOCUMENT # G89054 ✓  
1. Entity Name  
**SIPPERN, INC.**

**643252**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>c/o Gerson Preston</b>		3. Mailing Address <b>same</b>		4. FEI Number <b>521356148</b>		Applied For
Suite, Apt. #, etc. <b>666 71st Street</b>		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
City & State <b>Miami Beach, Florida</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
Zip <b>33141</b>	Country <b>USA</b>	Zip	Country			

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent					
	Name <b>Daniel Herz</b>					
	Street Address (P.O. Box Number is Not Acceptable) <b>7261 SW 42nd Court</b>					
	City <b>Davie</b>	<b>FL</b>	Zip Code <b>33314</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Raul Savransky (P,VP,Sec,Tr, D)</b> <b>666 - 71st Street</b> <b>Miami Beach, Fl. 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **4-19-02** (305) 865-4311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)