

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90133 036 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # H73946**  
 1. Entity Name  
**SLOAN-BRADLEY CORP.**



90047316

Principal Place of Business  
 905 PONCE DE LEON BLVD  
 500  
 CORAL GABLES, FL 33134

Mailing Address  
 905 PONCE DE LEON BLVD  
 500  
 CORAL GABLES, FL 33134



2. Principal Place of Business  
 901 Ponce de Leon Blvd  
 Suite, Apt. #, etc.  
 500

3. Mailing Address  
 SAME  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
 Miami, FL

City & State

4. FEI Number  
 59-2573026

Applied For  
 Not Applicable

Zip  
 33134-3073

Country  
 USA

Zip  
 Country

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

6. Name and Address of Current Registered Agent  
 HOFFMAN, CARL H.  
 905 PONCE DE LEON BLVD  
 500  
 CORAL GABLES, FL 33134

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning)

**FILE NOW! FEES \$150.00**  
 After May 1, 2003 Fee will be \$500.00  
 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	PD HOFFMAN, CARL H. 900 ANDRES AVENUE CORAL GABLES, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMES, CHARLES L. 15930 SW 96TH AVE MIAMI, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: Carl Hoffman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03 305-445-3100  
 Date Daytime Phone #

CHRE034 (10/02)