856 985-0100

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE!

SIGNATURE AND

DOCUMENT # H96642 1. Entity Name POMPANO BEACH IMPORTS, INC.							Secretary of State 01-28-2002 90015 027 ***150.00				
Principal Place 940 NORTH F	EDERAL HWY	<u>(</u> S2 °	Mailing Address 100 E CENTRE BLVD. MARLTON NJ 08053) (BEGGI) SINA IBNIS ŠINIS BINI BI	DIE HEL BISH L	is aus dien is	nii dikii kee	
	,) 1800	
2. Principal Pl		ress Tre Blud	3. Mailing Address	Mailing Address			DO NOT WRITE IN THIS SPACE				
Suite, Apt.			Suite, Apt. #, etc.								
City & State		NJ	City & State			4. F	El Number 22-269434	7		plied For Applicable	
Zip 080		Country	Zip	Cour	ntry	5. 0	Certificate of Status Desired		\$8.75 Addi Fee Required		
		and Address of Current F	l Registered Agent			7. N	lame and Address of New F	Registered A	gent		
		Name									
KULL, RICHARD N. 2990 NE 24 STREET					Street Address (P.O. Box Number is Not Acceptable)						
POMPANO	O BEACH F	FL 33062		City			FL	Zip Code	,		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FE After May 1, 2002 Fe							instating) 10. Election Campaign Fi			O May Be to Fees	
`	ria on back)		Make Check Paya						- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11.	DVP	OFFICERS AND	DIRECTORS Delete	12.		. AD	DITIONS/CHANGES TO OF	TICERS AND	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BURNS, I 670 NE G	EDWARD I. GOLDEN HARBOUR DRIN ITON FL 33432	Æ		ME REET ADDRESS Y-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		WRENCE W. DRD CIRCLE RD. N.I	☐ Delete			;		,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KULL, LA	WRENCE W. DRD CIR. RD.	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KULL, RIG 2990 NE	CHARD N. 24 STREET O BEACH FL	☐ Delete				•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANZAVE 9 COBBL	CCHIA, PETER V ESTONE LANE IILLS NJ 08088	Oelete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURNS, I 5061 NW CORAL S	DANIEL 64TH DRIVE PRINGS FL 33062	Delete	TITE NAI STE CIT	LE ME REET ADDRESS Y-ST-ZIP				☐ Change	☐ Addition	
13. I hereby indicated of the corchanged	certify that the control on this reportion or the control of the control on the control on the control on an attention on the control on the	ne information supplied with or of supplemental report is the receiver or trustee epoc achment with an address, v	this filing does not qualify fit true and accurate and that wered to execute this report with all other like empowered.		emption stated in ature shall have to med by chapte	Section he same 607, Flori	119.07(3)(i), Florida Statutes legal effect as if made under da Statutes; and that my nar	. I further cer oath; that I a ne appears in	tify that the in am an officer n Block 11 or	formation or director Block 12 if	