

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90013 023 \*\*\*158.75

**DOCUMENT # J14455**

1. Entity Name  
**CNBR STORES, INC.**

Principal Place of Business <b>5250 TOWN CTR. CIR.          SUITE 131          BOCA RATON FL 33486-1067</b>	Mailing Address <b>5250 TOWN CTR. CIR.          SUITE 131          BOCA RATON FL 33486-1067</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2701125</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent  
**SOLOMON, ALLAN B.  
 7777 GLADES RD., STE. 300  
 SUITE 131  
 BOCA RATON FL 33434**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SOLOMON, ALLAN B.</b>	
STREET ADDRESS	<b>7777 GLADES RD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NIDDAN, MAX</b>	
STREET ADDRESS	<b>5250 TOWN CNTR CIR 131</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>NIDDAM, ALINE</b>	
STREET ADDRESS	<b>5250 TOWN CENTER CIR. STE 131</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Niddan* **2/21/01** **561-338-3212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)