


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90091 009 \*\*\*150.00

**DOCUMENT # J20606**

1. Entity Name  
**THE CURTISS GROUP/OUTPLACEMENT CONSULTANTS OF MIAMI, INC.**



Principal Place of Business <b>2500 WESTON RD 211 FT LAUDERDALE FL 33331 US</b>	Mailing Address <b>2500 WESTON RD 211 FT LAUDERDALE FL 33331 US</b>
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2. Principal Place of Business <b>2800 Weston Rd.</b>	3. Mailing Address <b>2800 Weston Rd.</b>
Suite, Apt. #, etc. <b>202</b>	Suite, Apt. #, etc. <b>202</b>
City & State <b>Weston, FL</b>	City & State <b>Weston, FL</b>
Zip <b>33331</b>	Country <b>USA</b>

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-2681698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



6. Name and Address of Current Registered Agent

**FERGUSON, G. ARNOTT  
1900 N KRONE AVE  
HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name  
**Craig Cotler, Attorney**

Street Address (P.O. Box Number is Not Acceptable)  
**8751 W Broward Blvd - #305**

City  
**Plantation**      **FL**      Zip Code  
**33324**

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 *Craig Cotler*      DATE 3/3/03

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

**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	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>FRANK, WILLIAM E.</b>	
STREET ADDRESS <b>7859 MANDARIN DRIVE</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SHINN, KARL</b>	
STREET ADDRESS <b>2491 ARAGON BLVD 8105 SW 22 Ct.</b>	
CITY-ST-ZIP <b>SUNRISE FL 33322 Davie, FL 33324</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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHINN, KARL</b>	
STREET ADDRESS <b>8105 SW 22 Ct.</b>	
CITY-ST-ZIP <b>Davie, FL 33324</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]*      DATE 3/10/03      DAYTIME PHONE # 954 389 1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)