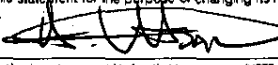
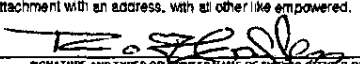


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90117 047 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10074504

DOCUMENT #M17687			
1. Entity Name TURNBERRY 25J CORP.			
Principal Place of Business 19707 TURNBERRY WAY SUITE 25-J NO. MIAMI BEACH, FL 33180		Mailing Address 21845 POWERLINE RD SUITE 201 BOCA RATON, FL 33433 US	
2. Principal Place of Business		3. Mailing Address 19707 Turnberry Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 25J	
City & State		City & State N. Miami Beach, FL	
Zip	Country	Zip	Country
33180		33433	
4. FEI Number ☐ Applied For ☒ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROTBART, ALEX B 21845 POWERLINE RD SUITE 201 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Alex Rotbart Street Address (P.O. Box Number is Not Acceptable) 105 E. Palmetto Park Road City Boca Raton FL Zip Code 33432	
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 3/26/03 (NOTE: Registered Agent's signature required when remaining)			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
DPST	HALFEN, RUBEN		
STREET ADDRESS	19707 TURNBERRY WAY, #25J		
CITY-ST-ZIP	NO. MIAMI BCH., FL 33180		
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
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: 		DATE: April 12, 2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2034 (10/02)