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

## M90817 DOCUMENT #

1. Entity Name

SIGNATURE:



Mar 07, 2003 8:00 am Secretary of State **FILED** 

03-07-2003 90127 004 \*\*\*150.00

GUTTER, JOSEPHER & RUFFIN, P.A		
Principal Place of Business 100 W CYPRESS GREEK ROAD STE 900 FT LAUDERDALE FL 33309 US	Mailing Address 190 W CYPRESS CREEK_ROAD STE_900 _ FT_LAUDERDALE_FL_33309 US	
2. Principal Place of Business 2101 Covpovate Blvd.	3. Mailing Address 2101 COxporate Bly a	1.



2101 CC Suite, Apt. #, etc Suite, Apt. #, etc. Suite 107 107 4. FEI Number Soca Raton, FL oca Raton

☐ CHECK HERE IF MAKING CHANGES Applied For

Not Applicable Country SA \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

JOSEPHER, RICHARD A. 100 W CYPRESS CREEK RD SUITE 900 FORT-LAUDERDALE-FL 33309

Street Address (P.O. Box Number is Not Acceptable)

65-0060844

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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

Name---

9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition JOSEPHER, RICHARD A. NAME NAME 210-1 Corporate Blvd., Suite 107 100 W CYPRESS CREEK RD SUITE 900 STREET ADDRESS STREET ADDRESS Roca Raton, FL 33431 CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE Ď ☐ Delete TITLE NAME **GUTTER, MARVIN C** NAME 2101 Corporate BIND, Suite 107 Boca Raton, FL 33431 STREET ADDRESS 100 W-CYPRESS CREEK RD SUITE 900 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 exercise this report a 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

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME

Daytime Phone #