

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90772 031 \*\*\*\*61.25

DOCUMENT # NO1000006787

1. Entity Name

THE FALLS REVIEW, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
12345 GLEN FALLS LN

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOYNTON BEACH, FL

City & State  
(SAME)

4. FEI Number

651149695

Applied For

Not Applicable

Zip  
33437

Country  
USA

Zip  
(SAME)

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GORMAN, RITA

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

12345 GLEN FALLS LANE

City

BOYNTON BEACH

FL

Zip Code  
33437

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

KUTNER, ABRAHAM  
1341 TOTOMAC FALLS LANE  
BOYNTON BEACH, FL 33437

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

GOLDSTEIN, PHYLLIS  
1341 TOTOMAC FALLS LANE  
BOYNTON BEACH, FL 33437

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

FRANK FELDMAN  
12317 LAKERIDGE FALLS DR  
BOYNTON BEACH, FL 33437

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

RITA S. GORMAN  
12345 GLEN FALLS LANE  
BOYNTON BEACH, FL 33437

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

ABRAHAM KUTNER ABRAHAM KUTNER 4/11/02 (561) 369-4295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)