

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N38208

FILED
Feb 14, 2002 8:00 AM
Secretary of State

Entity Name: C.B.J. OF NORTH MIAMI BEACH, INC.

Current Principal Place of Business:

1200 NE MIAMI GARDENS
N MIAMI BEACH, FL 33179 US

New Principal Place of Business:

1200 NE MIAMI GARDENS
209
N MIAMI BEACH, FL 33179 US

Current Mailing Address:

1200 NE MIAMI GARDENS
APT #209
N MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: 59-2424775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAND, RICHARD
1300 NE MIAMI GARDENS DRIVE
APT 313
N MIAMI BCH, FL 33179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DANZIGER, MICHAEL
Address: 1200 NE MIAMI GARDENS DR.
City-St-Zip: N MIAMI BEACH, FL

Title: VD () Delete
Name: GERKOW, SOL
Address: 1300 NE MIAMI GARDENS DRIVE
City-St-Zip: N MIAMI BEACH, FL 33179

Title: STD () Delete
Name: FRAND, RICHARD
Address: 1300 NE MIAMI GRDNS DRIVE
City-St-Zip: N MIAMI BEACH, FL 33179

Title: D () Delete
Name: GERKOW, SOL
Address: 1300 MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL

Title: D (X) Delete
Name: MORGANSTERN, AURAHAM
Address: 1300 NE MIAMI GRDNS DRIVE
City-St-Zip: N MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORGANSTERN, ABRAHAM
Address: 1300 MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM MORGANSTERN

D

02/14/2002

Electronic Signature of Signing Officer or Director

Date