

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004033

1. Entity Name

THE RANDOMIST, INC.

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90107 008 \*\*\*\*61.25

Principal Place of Business

2015 MADISON ST  
 SUITE 101  
 HOLLYWOOD FL 33020  
 US

Mailing Address

2015 MADISON ST  
 SUITE 101  
 HOLLYWOOD FL 33020  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0946157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GEISERT, RICHARD J ESQ  
 10800 BISCAYNE BLVD., SUITE 560  
 NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 min. will be \$236.25.

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 **SD** ☐ Delete  
 NAME **BERGER, MARK**  
 STREET ADDRESS **2119 N 14TH AVENUE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **PD** ☐ Delete  
 NAME **RAWNSLEY, CLIFF**  
 STREET ADDRESS **1720 HARRISON ST**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **TD** ☐ Delete  
 NAME **OWENS, MARIE LOU**  
 STREET ADDRESS **2119 N 14TH AVENUE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VD** ☒ Delete  
 NAME **MCEG, BOB**  
 STREET ADDRESS **2961 NW 85TH AVE**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 617, 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:

*Signed: MARIE LOU OWENS 9/10/02 (954) 445-7624*

CR2E037 (4/02)