## 2003 FOR PROFIT CORPORATION

## Apr 07, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P00000004697 DOCUMENT # 1. Entity Name 04-07-2003 90717 025 \*\*\*150.00 BANKERS INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 1749 E HALLENDALE BLVD. 1749 E HALLENDALE BLVD. HALLANDALE BEACH FL 33009 HALLANDALE BEACH FL 33009 2. Principal Place of Business 3. Mailing Address dace Sh Blul 1835 E. Hellendule Sch Blid Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 117 City & State 4. FEI Number Applied For 65-0980100 tallic Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33009 33000 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NURIELI, EDDIE Street Address (P.O. Box Number is Not Acceptable) 1749 E HALLENDALE BEACH BLVD. SUITE 117 HALLANDALE BEACH FL 33009 8. The above named entity submits this statement of 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) FILE NOW!!! FEE IS \$150.00 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS TITLE ☐ Delete NURIELI, EDDIE NAME 1835 E. Hollandale Beach Blid, #117 Hollandale Beach, FC 33003 STREET ADDRESS 1749 E HALLENDALE BEACH BLVD.# 17 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP **VPT** TITLE Delete TITLE NURIELI, TZIPORA NURIELO, TZOPORA NAME NAME 1835 E . Hallendale Berch Blod. #117 1749 E HALLENDALE BEACH BLVD #117 STREET ADDRESS STREET ADDRESS HALLANDALE BEACH FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ \*Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all of the properties.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP