

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90006 024 ***158.75

DOCUMENT # P00000022967
 1. Entity Name
The PORTAL Group, Inc.

Principal Place of Business Mailing Address
13260 NW 13th ST / same.
SUNRISE, FL 33323

978427

2. Principal Place of Business 13260 NW 13th ST 3. Mailing Address 13260 NW 13th ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State SUNRISE FL City & State SUNRISE FL
 Zip 33323 Country USA Zip 33323 Country USA

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PORTAL GROUP
13260 NW 13th ST
SUNRISE, FL 33323

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PSD</u> <u>PORTAL GROUP</u> <u>13260 NW 13th ST</u> <u>SUNRISE, FL 33323</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date 9/5/01 Daytime Phone # 9548451041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

ATTACHMENT 1

9/18/27

September 10, 2001

The Portal Group Inc.
13260 NW 13th ST
Sunrise, FL 33323

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

PO00000022967

To Whom It May Concern:

This letter is my request for acceptance of the initial payment for my corporation of
\$150.00. I have made some mistakes since starting my business and unfortunately I had
an irresponsible close friend conduct all my paperwork. I apologize for sending a
payment just now, however I just realized that I never received and payment request for
my corporation. I called my accountant and he mentioned that I should have received
something months ago.

I personally did not receive anything, but I am aware that it is possible that someone
helping in my business neglected to mention this to me. In any case, I am now taking care
of all my company papers and will remain aware for what and when things need to be
filled.

I hope you understand my situation and accept my initial payment of \$150.00 + \$8.75 for
the certificate, realizing I will not make this mistake again.

Thank you,

Leor Portal
The Portal Group Inc.

