

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90091 015 ***150.00

DOCUMENT # P00000031574

1. Entity Name

Julius Talent, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8400 W. University Drive

3. Mailing Address

7378 W. Atlantic Blvd

Suite/Apt. #, etc.

301

Suite/Apt. #, etc.

118

City & State

Tamarac FL

City & State

Margate, FL

Zip

33321

Country

USA

Zip

33063

Country

USA

4. FEI Number

59-3663613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAVID ABRAM

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

7378 W. Atlantic Blvd Suite 118

City

Margate

FL

Zip Code

33063

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID ABRAM

1/15/03

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT	<u>Michael Blumstein</u>	<u>180 Cypress Club Drive #802</u>	<u>Pompano Beach, FL 33060</u>
Vice PRESIDENT	<u>DAVID ABRAM</u>	<u>180 Cypress Club Drive #802</u>	<u>Pompano Beach, FL 33060</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ABRAM

Date

1/15/03

Daytime Phone #

454 597-
1550

CR2E034B (12/01)