

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000073894**

1. Entity Name

**INTENSE PREP, INCORPORATED****FILED****01 OCT -1 PM 2:37****SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>8211 WEST BROWARD BLVD PLANTATION FL 33324</b>		Mailing Address <b>8211 WEST BROWARD BLVD PLANTATION FL 33324</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 350</b>		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-1043681</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BUSINESS FILINGS INC 1000 WEST AVENUE NO. 1114 MIAMI BEACH FL 33139-0000</b>		Name: <b>Ron Rubens</b> Street Address (P.O. Box Number is Not Acceptable) <b>8211 W Broward Blvd, Suite 350</b> City: <b>Plantation</b> FL Zip Code: <b>33324</b>	
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 reappointing)	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KAUFMAN, DAVID</b> <b>8390 SR 84 STE 228</b> <b>FT LAUDERDALE FL 33324</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8211 W Broward Blvd</b> <b>Plantation, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUBENS, RON</b> <b>8710 SW 15 DRIVE</b> <b>DAVIE FL 33324</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8211 W Broward Blvd</b> <b>Plantation, FL 33324</b>
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE REQUIRED			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	