

2002 UNIFORM BUSINESS REPORT (UBR)

0222192 AV

DOCUMENT # P00000100760

1. Entity Name
THE CONRAD GROUP, INC.

FILED
02 MAR 2 2002
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1500 BAY ROAD SUITE 1480
MIAMI BEACH FL 33139

Mailing Address
1500 BAY ROAD SUITE 1480
MIAMI BEACH FL 33139

2. Principal Place of Business
5645 LA Gorce Dr.
Suite, Apt. #, etc.

3. Mailing Address
5645 LA Gorce Dr.
Suite, Apt. #, etc.

02/25/02-90091-017-\$150.00

City & State
Miami Beach, FL
Zip
33140
Country
USA

City & State
Miami Beach, FL
Zip
33140
Country
USA

4. FEI Number
05-105-APPLIED FOR 5241
Applied For
 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONRAD, BRENT CHANDLER
1500 BAY ROAD SUITE 1480
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5645 LA Gorce Dr.
City Miami Beach FL Zip Code 33140

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]* DATE 1/7/02
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 \$150.00~~
After May 1, 2002 Fee will be \$550.00
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 | D CONRAD, BRENT CHANDLER 1500 BAY ROAD SUITE 1480 MIAMI BEACH FL 33139 <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5645 LA Gorce Dr. Miami Beach, FL 33140 |
| 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)(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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/7/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)