

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003081

1. Entity Name  
UBFJ, INC.Principal Place of Business  
500 E. BROWARD BLVD., SUITE 1130  
FORT LAUDERDALE FL 33394Mailing Address  
500 E. BROWARD BLVD., SUITE 1130  
FORT LAUDERDALE FL 333942. Principal Place of Business  
c/o Martin R. Press, Esq.  
500 E. Broward Blvd.,  
Suite, Apt. #, etc.  
14003. Mailing Address  
c/o Martin R. Press, Esq.  
500 E. Broward Blvd.City & State  
Fort Lauderdale, FLCity & State  
Fort Lauderdale, FLZip  
33394Zip  
33394Country  
USA4. FEI Number  
65-1081887Applied For  
Not Applicable

## 6. Name and Address of Current Registered Agent

WASERSTEIN, STEVE L  
500 E. BROWARD BLVD., SUITE 1130  
FORT LAUDERDALE FL 33394

## 7. Name and Address of New Registered Agent

Name  
Martin R. Press, Esq.

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

500 E. Broward Blvd., Suite 1400

City

Fort Lauderdale

FL

Zip Code  
33394

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

Martin R. Press, Esq.

3/21/02

(NOTE: Registered Agent signature required when reinstating)

DATE

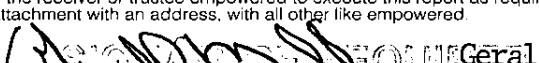
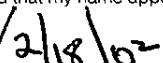
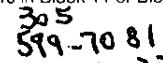
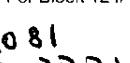
9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Gerald Miller 500 E. Broward Blvd., Suite 1400 Fort Lauderdale, FL 33394	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Gerald Miller, President   

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0347675  
AVFILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90647 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)