

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90060 019 ***150.00

DOCUMENT # P01000006285

1. Entity Name
 DR. BILLIARDS, INC.

Principal Place of Business 898 NE 160 Terrace No. Miami Beach, FL 33162	Mailing Address 898 NE 160 Terrace No. Miami Beach FL 33162
2. Principal Place of Business 898 NE 160 Terrace	3. Mailing Address 898 NE 160 Terrace
Suite, Apt. #, etc. n/a	Suite, Apt. #, etc. n/a
City & State No. Miami Bch	City & State No. Miami Bch
Zip 33162	Country USA
Zip 33162	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Marc Fitz-Ritson 898 NE 160 Terrace No. Miami Beach FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:** 4/30/02

Signatures, 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)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D Marc Fitz-Ritson 898 NE 160 Terrace No. Miami Beach, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **DATE:** 4/30/02 **Tracking Check #** 305 7700940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR