

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90087 010 \*\*\*150.00

**DOCUMENT # P01000019344**

1. Entity Name  
**ORGANIZE SUCCESSFUL E-BUSINESS, INC.**



Principal Place of Business  
**15855 CONGRESS AVENUE  
DELRAY BEACH FL 33405**

Mailing Address  
**3325 JAYWOOD TERRACE  
BOCA RATON FL 33431**

2. Principal Place of Business  
**200 Lindell Blv**

3. Mailing Address  
**200 Lindell Blv**

Suite, Apt., etc.  
**Suite 918**

Suite, Apt., etc.  
**Suite 918**

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

Zip  
**33483**

Country  
**U.S.A**

Zip  
**33483**

Country  
**U.S.A**

4. FEI Number  
**65-1080118**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STEWART, JAYNE M  
BUSINESS COORDINATING ENTERPRISES INC.  
631 LINNET CIR  
DELRAY BCH FL 33444**

**7. Name and Address of New Registered Agent**

Name **Same**  
Street Address (P.O. Box Number is Not Acceptable)  
**200 Lindell Blv, Ste 918**  
City **Delray Beach** **FL** Zip Code **33483**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LIDA S. RANGEL**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/17/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE **PDT** ☐ Delete  
NAME **RANGEL, LIDA S**  
STREET ADDRESS **460 NW 20TH ST #310**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **SP** ☐ Delete  
NAME **STEWART, JAYNE M**  
STREET ADDRESS **631 LINNET CIR**  
CITY-ST-ZIP **DELRAY BCH FL 33444**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PDT** ☒ Change ☐ Addition  
NAME **RANGEL, LIDA S**  
STREET ADDRESS **200 LINDELL BLV SUITE 918**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LIDA S. RANGEL** **01/17/03** **(61)243-1342**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)