

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000023829

FILED  
Apr 24, 2003  
Secretary of State

**Entity Name:** SECURITIES INVESTMENT BANKERS, INC.

**Current Principal Place of Business:**

16115 SW 117TH AVENUE  
SUITE 25  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

16115 SW 117TH AVENUE  
SUITE 25  
MIAMI, FL 33177

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABERCROMBIE ACCOUNTING SERVICES CORP  
16115 SW 117 AVE  
SUITE 25  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: NUROCK, LYONEL  
Address: 16115 SW 117 AVE SUITE 25  
City-St-Zip: MIAMI, FL 33177

Title: CEOT ( ) Delete  
Name: NUROCK, LYONEL  
Address: 16115 SW 117 AVE SUITE 25  
City-St-Zip: MIAMI, FL 33177

Title: S ( ) Delete  
Name: WRAY, ABERCROMBIE  
Address: 16115 SW 117 AVE SUITE 25  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ABERCROMBIE, WRAY  
Address: 16115 SW 117 AVE SUITE 25  
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WRAY ABERCROMBIE

S

04/24/2003

Electronic Signature of Signing Officer or Director

Date