

05-01-2002 91561 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

642778

DOCUMENT # P01000093056 FL

1. Entity Name
DEBORAH MELTZER YOUR
PRINTING AND ADVERTISING CO.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21581 YELLOWSTONE PK DR
 Suite, Apt. #, etc.

3. Mailing Address
21581 YELLOWSTONE PK DR
 Suite, Apt. #, etc.

City & State
Boca Raton, FL Boca Raton, FLORIDA

Zip
33428 Country USA Zip 33428 Country USA

4. FEI Number
65-1141801 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DEBORAH MELTZER

Street Address (P.O. Box Number is Not Acceptable)
21581 YELLOWSTONE PK DR

City BOCA RATON FL Zip Code 33428

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, typed or printed name of registered agent and title if applicable. (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>PRESIDENT</u> <u>DEBORAH MELTZER</u> <u>21581 YELLOWSTONE PK DR</u> <u>BOCA RATON, FL 33428</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Melzer Date 4/16/02 Daytime Phone # 954-695-2236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)