

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90105 030 ***150.00

DOCUMENT # P02000030847

1. Entity Name
THIERER, INC.



Principal Place of Business
13650 NW 8 ST. STE 107
SUNRISE FL 33323

Mailing Address
13650 NW 8 ST. STE 107
SUNRISE FL 33323

2. Principal Place of Business
13650 NW 8 ST. STE 107

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE, FL 33325

City & State

4. FEI Number
71-0871619

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW FRIM OF MANFORD ROSENOW, P.A.
2425 CORAL WAY
MIAMI FL 33145

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **THIERER, RAUL**
STREET ADDRESS **13650 NW 8 ST, STE 107**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **P** ☒ Change ☐ Addition
NAME **THIERER, RAUL A.**
STREET ADDRESS **13650 NW 8th ST #107**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **VS** ☐ Delete
NAME **BRECHER-THIERER, GABRIELA**
STREET ADDRESS **13650 NW 8 ST, STE 107**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **VS** ☒ Change ☐ Addition
NAME **BRECHER-THIERER, GABRIELA K**
STREET ADDRESS **13650 NW 8th ST #107**
CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE **T** ☐ Delete
NAME **BRECHER, MATIAS**
STREET ADDRESS **13650 NW 8 ST, STE 107**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **T** ☒ Change ☐ Addition
NAME **BRECHER, MATIAS J.**
STREET ADDRESS **13650 NW 8th ST #107**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: **GABRIELA THIERER-BRECHER** **04/03/03** **904-888-9118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)