

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000062650

1. Entity Name  
**INVENTORY SOLUTIONS, INC.**



Principal Place of Business  
10751 ZURICH STREET  
HOLLYWOOD, FL 33026

Mailing Address  
10751 ZURICH STREET  
HOLLYWOOD, FL 33026

03 JUL 14 PM 6:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700021564727  
07/15/03--01021--013 \*\*150.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **10000 PINES BLVD.**

Suite, Apt. #, etc. **10000 PINES BLVD**

City & State **PEMBROKE PINES, FL**

City & State **PEMBROKE PINES, FL**

4. FEI Number **010719101**

Applied For  
Not Applicable

Zip **33024** Country **USA**

Zip **33024** Country **USA**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

Name **MORRIS J. GOLDMAN**

Street Address (P.O. Box Number is Not Acceptable)

**10000 PINES BLVD.**

City **PEMBROKE PINES** FL Zip Code **33024**

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, the registered agent.

SIGNATURE

*[Signature]*

*[Signature]*

**05303.0**

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

(NOTE: Registered Agent Signature required when electing.)

DATE

THE INFORMATION CONTAINED  
HEREIN IS FOR OFFICIAL USE ONLY  
AND IS NOT TO BE RELEASED TO THE  
PUBLIC OR TO ANY OTHER AGENCY  
EXCEPT BY AUTHORITY OF THE  
SECRETARY 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLDMAN, MORRIS J 10751 ZURICH STREET HOLLYWOOD, FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLDMAN, MORRIS J. 10000 PINES BLVD. PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GREENBERG, DON 10000 PINES BLVD PEMBROKE PINES, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

*[Signature]*

*[Signature]*

**05.30.03**

**954 8890344**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

*7/14*

CFR2034 (10/02)

**Don Greenberg**

**From:** corphelp [corphelp@dos.state.fl.us]  
**Sent:** Thursday, July 03, 2003 11:37 AM  
**To:** 'don@bookliquidators.com'  
**Subject:** RE: HELP!

It is suggested that you check with the bank to make sure that the money clear. In the event that it has not, please submit a letter that states this information. Sent this letter of explanation long with your completed report and a check for \$150 to our office. The corporation will not be charged the late fee if you follow these instructions.

**Gina  
Internet Access**

-----Original Message-----

**From:** Don Greenberg [mailto:don@bookliquidators.com]  
**Sent:** Thursday, July 03, 2003 10:21 AM  
**To:** corphelp@mail.dos.state.fl.us  
**Cc:** mgoldman@bookliquidators.com  
**Subject:** HELP!

On May 30th of this year we submitted our annual business report filing for INVENTORY SOLUTIONS, INC (P02000062650) along with our check #2541 in the amount of \$550.00.

We also changed in this report the registered agent and corp address.

I have just recieved notice to file. Do you have the form and check? Maybe it has not been processed yet due to the requested changes ?

Please advise so we know if we need to refile and stop payment on check #2541.

Thank you-----Don Greenberg

**DON GREENBERG  
INVENTORY SOLUTIONS, INC.**

10000 PINES BLVD.  
PEMBROKE PINES FL 33024  
PHONE 954.889.0344  
FAX 954.889.0345  
CELL 954.579.4755  
don@bookliquidators.com



Add this card to your address book

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Attachment #P0200006250

**City National Bank**  
O F F L O R I D A  
Private Banking Division

JULY 7, 2003


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RE: INVENTORY SOLUTIONS, INC.  
DONALD GREENBERG

DEAR SIRs,

THIS IS TO VERIFY THAT CHECK #2541 IN THE AMOUNT OF \$550.00 DRAWN ON THE  
ACCOUNT OF INVENTORY SOLUTIONS ACCOUNT #11003341795 ISSUED ON  
05/30/2003, THIS CHECK HAS NOT BEEN PRESENTED FOR PAYMENT AS OF 07/07/03.

IF YOU NEED ANY FURTHER INFORMATION, PLEASE FEEL FREE TO CONTACT ME  
AT (305)692-5100.

  
JACQUELINE CARTIER  
VICE PRESIDENT  
ASST BRANCH MANAGER