

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91869 039 ***150.00

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| DOCUMENT # P02000063432 |
| 1. Entity Name 3055 NW 19TH STREET, INC. |

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| DO NOT WRITE IN THIS SPACE |
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| 2. Principal Place of Business 3055 NW 19TH STREET Suite, Apt. #, etc. | 3. Mailing Address 4481 CASPER COURT Suite, Apt. #, etc. |
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| City & State FORT LAUDERDALE, FL Zip 33311 Country USA | City & State HOLLYWOOD, FLORIDA Zip 33021-2415 Country USA |
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| 4. FEI Number 16-1620448 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| DO NOT WRITE IN THIS SPACE |
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| 7. Name and Address of Current Registered Agent | |
| Name REIMER, DAVID H. ESQ | |
| Street Address (P.O. Box Number is Not Acceptable) RAIMER & ROSENTHAL, LLP | |
| 2215 N COMMERCIAL PARKWAY | |
| City WESTON | Zip Code FL 33326 |

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | |
|-----------------------------------|---------------------------------|------------------------|--|
| TITLE | D | TITLE | |
| NAME | ESTHER ROGATINSKY | NAME | |
| STREET ADDRESS | 4481 CASPER COURT | STREET ADDRESS | |
| CITY - ST - ZIP | HOLLYWOOD, FL 33021-2415 | CITY - ST - ZIP | |
| TITLE | D | TITLE | |
| NAME | SHULAMITH ROGATINSKY | NAME | |
| STREET ADDRESS | 5230 N 31ST PLACE | STREET ADDRESS | |
| CITY - ST - ZIP | HOLLYWOOD, FL 33021 | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
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| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **ESTHER ROGATINSKY** **4/28/2003** **954-963-1131**
 _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034B (12/02)