

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

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

05-05-2003 91869 039 \*\*\*150.00

<b>DOCUMENT #</b> P02000063432
1. Entity Name 3055 NW 19TH STREET, INC.

**DO NOT WRITE IN THIS SPACE**

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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**DO NOT WRITE IN THIS SPACE**

City & State FORT LAUDERDALE, FL	City & State HOLLYWOOD, FLORIDA	4. FEI Number 16-1620448	Applied For <input type="checkbox"/> Not Applicable
Zip 33311	Country USA	Zip 33021-2415	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name REIMER, DAVID H. ESQ	
Street Address (P.O. Box Number is Not Acceptable) RAIMER & ROSENTHAL, LLP	
2215 N COMMERCIAL PARKWAY	
City WESTON	FL Zip Code 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 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 NAME STREET ADDRESS CITY - ST - ZIP	D ESTHER ROGATINSKY 4481 CASPER COURT HOLLYWOOD, FL 33021-2415	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHULAMITH ROGATINSKY 5230 N 31ST PLACE HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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)