

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90188 020 \*\*\*150.00

<b>DOCUMENT # P02000080259</b>			
<b>1. Entity Name</b> EXECUTIVE CLUBS UNLIMITED, INC.			
<b>Principal Place of Business</b> PO BOX 600429 NORTH MIAMI BEACH FL 33160		<b>Mailing Address</b> PO BOX 600429 NORTH MIAMI BEACH FL 33160	
<b>2. Principal Place of Business</b> 13190 NW 4 St. Suite, Apt. #, etc. 113		<b>3. Mailing Address</b> 13190 NW 4 St. Suite, Apt. #, etc. 113	
<b>City &amp; State</b> Sunrise FL		<b>City &amp; State</b> Sunrise FL	
<b>Zip</b> 33325 <b>Country</b> USA		<b>Zip</b> 33325 <b>Country</b> USA	
<b>4. FEI Number</b> 42-1574227		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> ZEDECK, LEONARD E 1820 NE 163RD STREET NORTH MIAMI BEACH FL 33162		<b>7. Name and Address of New Registered Agent.</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) 13190 NW 4 St. # 113 City Sunrise FL Zip 33325	
<b>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.</b> SIGNATURE  DATE 4/1/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PD NAME BILOTTI, MICHAEL STREET ADDRESS 10430 SOUTH LAKE VISTA CIRCLE CITY-ST-ZIP DAVIE FL	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE</b>		<b>SIGNATURE REQUIRED</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date 4/1/03		Daytime Phone # _____	

CR2E034 (10/02)