


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

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

05-05-2003 91771 012 ***150.00

DOCUMENT # P02000109749
1. Entity Name
RIDAN Group, Inc.



90128789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1744 CARAMBOLA RD.
Suite, Apt. #, etc.

3. Mailing Address
1744 CARAMBOLA RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BCH, FL

City & State
WEST PALM BCH, FL

4. FEI Number
37-1445319

Applied For
 Not Applicable

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

Zip
33406 Country
U.S. Zip
33406 Country
U.S.

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ROBERT BRIDY

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

1601 FORUM PLACE STE. 304

City
WEST PALM BCH. FL Zip Code
33401

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

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D BRUCE FAURE 1744 CARAMBOLA RD WEST PALM BCH, FL. 33406</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Bruce Faure BRUCE FAURE 4/30/03 561-436-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)