

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90041 026 ***158.75

05:39 AT

DOCUMENT # P28237

1. Entity Name
INTROSPECT INVESTIGATIONS OF NEW YORK, INCORPORATED

Principal Place of Business Mailing Address
752 HEMPSTEAD TURNPIKE PO BOX 600
STE 205 JERICO NY 11753
FRANKLIN SQUARE NY 11010 US

2. Principal Place of Business 3. Mailing Address
725 A Hempstead Turnpike
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 205

City & State City & State
Franklin Square, NY
 Zip Country Zip Country
11010 U.S.

4. FEI Number **11-2692832** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SILVERS, BETTY Barry
5330 LONDON CIRCLE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
 Name **BARRY SILVERS**
 Street Address (P.O. Box Numbers Not Acceptable)
5330 London Circle
~~Boynton~~
 City **Boynton Beach FL** Zip Code **33437**

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.
 SIGNATURE *Barry Silvers* **Barry Silvers** DATE **1-11-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SILVERS, BARRY	5330 LONDON CIRCLE	BOYNTON BEACH FL 33437	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Barry Silvers* **Barry Silvers** DATE **1-11-02** Daytime Phone # **1-888-847-7127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)