04-28-2003 90182 003 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name RONALD L. BORNSTEIN			
Principal Place of Business 6650 W. INDIANTOWN ROAD SUITE 200 JUPITER FL 33458 US	Mailing Address P O BOX 5597 LAKE WORTH FL 33466-5597 US		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

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2. Principal F	Place of Business	3. Mailing Address				
	Tagg of Baginious	or maning records				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State City & State				4. FEI Number 65-0413680 Applied For Not Applied For	ole	
Zip	Country	Zip Count		у	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		and Emman	7. Name and Address of New Registered Agent	
			J	Name		
BORNSTEIN, RONALD L		<u> </u>	Street Address (P.O. Box Number is Not Acceptable)			
6650 W. INDIANTOWN ROAD						
SUITE 20						
JUPITER	FL 33458			City	FL Zip Code	7
8. The above	e named entity submits this statement	for the purpose of changing it	s registered	d office or rea	gistered agent, or both, in the State of Florida. I am familiar with, and accep	,t
	tions of registered agent.		g - 15/5			
	• .					- (
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE: Registered	Agent signature res	equired when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. Added to Fees	
Make Check	k Payable to Florida Department	of State			7,000 10 10 10 10 10 10 10 10 10 10 10 10	
10.	· OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	コ、
TITLE	PSTD	☐ Delete	TITLE		Change Addition	ın 8
NAME STREET ADDRESS	Bornstein, Ronald L 6650 W. Indiantown Road, 3	CHITE ONG	NAME	ADDRESS		E
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TITLE	3311121112	☐ Delete	TITLE	·	Change Addition	S S CR2E034 (10/02)
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STREET ADDRESS				ADDRESS		
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NAME			NAME		-	
STREET ADDRESS		•		ADDRESS		
CITY-ST-ZIP	l		CITY-S	T-ZIP		

12. I hereby certify that the information supplied with this filling 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 employered 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 al h all other like empowered

CITY-ST-ZIP

SIGNATURE:

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