

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90277 049 \*\*\*150.00

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

<b>DOCUMENT #</b> P93000058248			
<b>1. Entity Name</b> MARK & SARI SHENKMAN CORPORATION			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc. 100 NW 11 AVE		Suite, Apt. #, etc. 100 NW 11 AVE	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33486	Country	Zip 33486	Country
<b>DO NOT WRITE IN THIS SPACE</b>		<b>4. FEI Number</b> 65-0430536	
		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name SHENKMAN, MARK			
Street Address (P.O. Box Number is Not Acceptable) 100 NW 11 AVE			
City BOCA RATON		FL	Zip Code 33486
<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>			
<b>SIGNATURE</b> 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 \$61.25 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> <b>\$5.00</b> May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> SHENKMAN, MARK 100 NW 11 AVE BOCA RATON FL 33486	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> SHENKMAN, SARILEE 100 NW 11 AVE BOCA RATON FL 33486	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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<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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <i>Mark Sherkman</i>		<i>4/21/03</i> <i>(561) 333-6828</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #