

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90415 022 \*\*\*150.00

**DOCUMENT # P93000078057**

1. Entity Name

**B-DUR PUBLISHING, INC.**



Principal Place of Business

**292 S. COUNTY RD**

**213**

**PALM BEACH FL 33480**

Mailing Address

**675 THIRD AVE**

**NEW YORK NY 10017**

2. Principal Place of Business

3. Mailing Address

**c/o Prager & Fenton**

Suite, Apt. #, etc.

**675 Third Ave - 3rd Floor**

City & State

**New York NY**

Zip

**10017**

Country

**USA**

City & State

**New York NY**

Zip

**10017**

Country

**USA**

City & State

**New York NY**

Zip

**10017**

Country

**USA**

City & State

**New York NY**

Zip

**10017**

Country

**USA**

City & State

**New York NY**

Zip

**10017**

Country

**USA**

City & State

**New York NY**

Zip

**10017**

Country

**USA**

City & State

**New York NY**

Zip

**10017**

Country

**USA**

City & State

**New York NY**

Zip

**10017**

Country

**USA**

City & State

**New York NY**

Zip

**10017**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0375530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLAVIN, MICHAEL A**

**4440 PGA BLVD**

**SUITE 402**

**PALM BEACH GARDENS FL 33410**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
DURR, NICOLE  
675 THIRD AVE  
NEW YORK NY 10017** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
DURR, NICOLE  
c/o Prager & Fenton 675 Third Ave  
New York NY 10017** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BIELSKI, KAREN  
292 S. COUNTY RD  
PALM BEACH FL 33480** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Margaret Baroncelli  
70 Innisbrook Ave.  
Las Vegas NV 89113** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

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 or 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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/03**

Date

Daytime Phone #

CR2E034 (10/02)