FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90091 012 ***150.00

DOCUMENT # P93000081784

1. Entity Name
1231 CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1155 HILLSBORO MILE	P.O. BOX 273266
Suite, Apt. #, etc. UNIT # 503	Suite, Apt. #, etc.
City & State HILLSBORO BEACH, FL	City & State BOCA RATON, FL
Zip 33062 Country BROWARD	Zip 33427 Country PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0451922 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name J. R. FISHMAN

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

1155 HILLSBORO MILE UNIT #503

City HILLSBORO BEACH FL Zip Code 33062

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 J. R. FISHMAN 4-26-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT, TREASURER, DIRECTOR
NAME	J. R. FISHMAN
STREET ADDRESS	1155 HILLSBORO MILE UNIT 503
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062

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CR2E034B (12/01)

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 on an attachment with an address, if all other like empowered.

SIGNATURE: 4-26-02 954-570-8851 OR 561-445-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #