

2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90178 039 \*\*\*150.00

DOCUMENT # P94000040356

1. Entity Name

150 SAN CARLOS BOULEVARD CORP.



**DO NOT WRITE IN THIS SPACE**

 2. Principal Place of Business  
150 SAN CARLOS BLVD

 3. Mailing Address  
C/O OMG, INC.

Suite, Apt. #, etc.

 Suite, Apt. #, etc.  
428 BROADWAY

DO NOT WRITE IN THIS SPACE

 City & State  
FT. MYERS BEACH, FL

 City & State  
NEW YORK, NY

 4. FEI Number  
58-2123920

 Applied For  
Not Applicable

 Zip  
33902

Country

 Zip  
10012

Country

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

**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name XL CORPORATE SERVICES INC.

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

4435 OLD WINTER GARDEN RD.

City ORLANDO

 FL Zip Code  
32811

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

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

 9. Election Campaign Financing  
Trust Fund Contribution. ☐

 \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT - ABRAHAM GOLDBERG  
137-11 BEACH CHANNEL DRIVE; BELLE  
HARBOR, NY 11694

 TITLE  
NAME  
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)