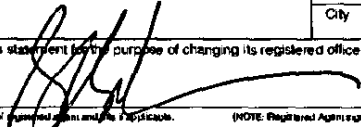
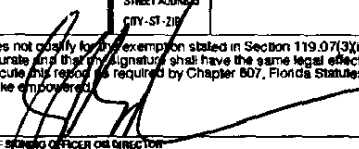


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012242		
1. Entity Name S.O.R. SCULPTURE, INC.		
Principal Place of Business 16323 VINTAGE OAKS LANE DELRAY BEACH, FL 33484		Mailing Address 16323 VINTAGE OAKS LANE DELRAY BEACH, FL 33484
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country
4. FEI Number 65-0588918		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCHORR, STEPHEN A 2101 N. ANDREWS AVENUE, SUITE 400 FORT LAUDERDALE, FL 33314		
7. Name and Address of New Registered Agent Name Stephen A. Schorr Street Address (P.O. Box Number is Not Acceptable) 625 NE 3rd Avenue City Ft. Lauderdale FL Zip Code 33304		
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  DATE 4/24/03 Signature, typed or printed name of registered agent and fee payable. (NOTE: Registered Agent signature required when submitting)		
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	☐ Delete
NAME	RUBIN, SANDRA	
STREET ADDRESS	16323 VINTAGE OAKS LANE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VST	☐ Delete
NAME	RUBIN, MARVIN	
STREET ADDRESS	16323 VINTAGE OAKS LANE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	Vice President	☐ Delete
NAME	SCHORR, Stephen	
STREET ADDRESS	625 NE 3 Ave.	
CITY-ST-ZIP	Ft. Laud., FL 33304	☐ Delete
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  DATE 4/24/03 954-667-7800 SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR		

90111914



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)