

2003

10-21-02

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000028374**

1. Entity Name

THE CURA GROUP, INC.

Principal Place of Business

5101 NW 21ST AVE
350
FT LAUDERDALE FL 33309

Mailing Address

5101 NW 21ST AVE
350
FT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILLARD, ALAN B
5391 NOB HILL RD
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name
NRAI Services, Inc.

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

526 E Park Ave

City
TallahasseeFL Zip Code
32301

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

Alison Hand - ASST. secy

7/2/03

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) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WILLARD, DANNY
5391 NOB HILL RD
SUNRISE FL 33351 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WILLARD, A. BRUCE
5391 NOB HILL RD
SUNRISE FL 33351 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
DOBRIN, IVAN B
5101 NW 21ST AVE, STE 350
FORT LAUDERDALE FL 33309 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CROOK, RANDY
5101 NW 21ST AVENUE S-350
FORT LAUDERDALE FL 33309 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/Secretary ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/President ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/Vice-President ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100021449461
07/10/03--01007--019 **176.25TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER CAMPBELL, SECRETARY
Alan B. Willard President

(954)677-0202

Date

Daytime Phone #

FILED

03 JUL -2 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0653827

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

CR2E034 (4/02)

0065169
AV