## FOR PROFIT CORPORATION

## May 05, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # P96000038839 05-05-2003 91146 006 \*\*\*150.00 1. Entity Name CARS FOR CANCER, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address P.O. BOX 778 SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State DELRAY BEACH, FL 4. FEI Number City & State 65-0676160 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA: Fee Required 7. Name and Address of Current Registered Agent DANIEL G. GASS, ESQ DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 10001 N.W. 50TH STREET IN THIS SPACE SUITE 204 SUNRISE 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02 TITLE TITLE P/D NAME NAME BARRY E. STERN STREET ADDRESS STREET ADDRESS 11083 APPLEGATE LANE CITY-ST-7IP CITY-ST-ZIP BOYNTON BEACH, FL 33437 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME : STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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

NAME

STREET ADDRESS

NAME STREET ADDRESS

BARRY E. STERN

4/29/03

**FILED** 

Daytime Phone #