


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90135 003 ***158.75

DOCUMENT # P96000073296

1. Entity Name
NORTH 29 CORPORATION



Principal Place of Business
**1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071**

Mailing Address
**1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0703896** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRANT, MARK F
**200 EAST BROWARD BOULEVARD
15TH FLOOR
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

I, the undersigned, hereby submit 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD EZRATTI, ITZHAK 1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN 1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALE FL 33301 COSTELLO, RICHARD 1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. NORWALK, RICHARD 1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ITZHAK ARKIN, RICHARD 1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS FL 33071

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVEN M HELFMAN 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FLORIDA 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition N. MARIA MENENDEZ 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FLORIDA 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I changed or on an attachment with an address, with all other like empowered.

SIGNATURE **RICHARD M. NORWALK, V.P.** Date **April 29, 2003** Daytime Phone # **954.753.1730**

Signature and typed or printed name of signing officer or director

0201023 AV (20101) 48022C