

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
05-06-2002 90184 002 \*\*\*150.00

**DOCUMENT # P96000083839**

1. Entity Name  
**CENTREFUND ACQUISITION CORP.**

Principal Place of Business  
**1696 NE MIAMI GARDENS DRIVE  
SUITE 200  
NORTH MIAMI BEACH FL 33179**

Mailing Address  
**1696 NE MIAMI GARDENS DRIVE  
SUITE 200  
NORTH MIAMI BEACH FL 33179**

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 **65-0836659**

Applied For

Not Applicable

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

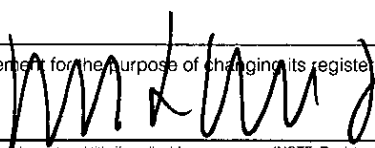
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIENER, DAVID J  
2401 PGA BOULEVARD  
SUITE 280  
WEST PALM BEACH FL 33401**

Name **MARCUS, ALAN J**  
Street Address (P.O. Box Number is Not Acceptable)  
**20803 BISCAYNE BLVD  
SUITE # 301**  
City **NORTH MIAMI BEACH FL** Zip Code **33180**

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.

SIGNATURE  DATE **4/22/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVT** ☒ Delete  
NAME **SEGAL, DORI**  
STREET ADDRESS **161 BAY STREET SUITE 2820**  
CITY-ST-ZIP **TORONTO, ONTARIO CA M5J2S1**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DPAS**  
STREET ADDRESS **KATZMAN, CHAIM**  
CITY-ST-ZIP **1696 NE MIAMI GARDENS DRIVE STE 200  
NORTH MIAMI BEACH FL 33179**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DVS**  
STREET ADDRESS **VALERO, DORON**  
CITY-ST-ZIP **1696 NE MIAMI GARDENS DRIVE STE 200  
NORTH MIAMI GARDENS FL 33179**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

Date

Daytime Phone # **305 672-1234**

CR2E034 (9/01)