

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90174 043 ***150.00

DOCUMENT # P96000092073

1. Entity Name
ERILYN GROUP, INC.



Principal Place of Business
~~2467 NW 63RD STREET~~
~~BOCA RATON FL 33406~~
US

Mailing Address
~~6662 GRANDE ORCHID WAY~~
DELRAY BEACH FL 33446
US

2. Principal Place of Business

6662 GRANDE ORCHID WAY
Suite, Apt. #, etc.

3. Mailing Address

6662 GRANDE ORCHID WAY
Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL.

City & State

4. FEI Number: **65-0708764**

Applied For
Not Applicable

Zip **33446** Country **US**

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~ROSE, PETER A ESQ~~
~~5295 TOWN CENTER ROAD~~
~~3RD FLOOR~~
~~BOCA RATON FL 33406~~

7. Name and Address of New Registered Agent

Name **BRUCE NABAT**
Street Address (P.O. Box Number is Not Acceptable)
1190 N.E. 125TH ST. # 21
City **N. MIAMI** FL Zip Code **33161**

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 *Bruce Nabat*

DATE **2/6/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
NAME **PACE, CHARLES**
STREET ADDRESS **2467 NW 63RD STREET**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Delete
NAME **GOLDBERG, MITCHELL**
STREET ADDRESS **353 LEXINGTON AVENUE, 10TH FLOOR**
CITY-ST-ZIP **NEW YORK FL 10017**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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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 fee empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/6/03** DAYTIME PHONE # **5618153844**

DATE DAYTIME PHONE #

CR2E034 (10/02)