

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91505 043 ***150.00

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1. Entity Name
BROKER DEALER SOLUTIONS INC.



Principal Place of Business
**1308-A N STATE RD 7
MARGATE FL 33063**

Mailing Address
**1308-A N STATE RD 7
MARGATE FL 33063**



2. Principal Place of Business

2000 BANKS ROAD

3. Mailing Address

2000 BANKS ROAD

Suite, Apt. #, etc.

SUITE 218

Suite, Apt. #, etc.

SUITE 218

City & State

MARGATE, FLORIDA

City & State

MARGATE, FLORIDA

Zip

33063

Country

USA

Zip

33063

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0768956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIER, BRUCE

1308-A N STATE RD-7

MARGATE FL 33063

7. Name and Address of New Registered Agent

Name **DIER, BRUCE**

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

2000 BANKS ROAD

SUITE 218

City **MARGATE**

FL

Zip Code

33063

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

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 **PSTD** ☐ Delete

NAME **DIER, BRUCE**

STREET ADDRESS **1308A N. STATE RD-7**

CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete

NAME **DIER, GARY**

STREET ADDRESS **1308A N. STATE RD-7**

CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **2000 BANKS ROAD, STE. 218**

STREET ADDRESS **MARGATE, FL. 33063**

CITY-ST-ZIP **MARGATE, FL. 33063** ☒ Change ☐ Addition

TITLE **VD** ☒ Change ☐ Addition

NAME **2000 BANKS ROAD, STE. 218**

STREET ADDRESS **MARGATE, FL 33063**

CITY-ST-ZIP **MARGATE, FL 33063** ☐ Change ☒ Addition

TITLE **V.** ☐ Change ☒ Addition

NAME **FRANK O. SPAMPINATO**

STREET ADDRESS **2000 BANKS ROAD, STE. 218**

CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **V.** ☐ Change ☒ Addition

NAME **ADAM DIER**

STREET ADDRESS **2000 BANKS ROAD, STE. 218**

CITY-ST-ZIP **MARGATE, FL. 33063**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANK O. SPAMPINATO
CONVULSUM CFO

3/26/03

(954) 971-4204

CR2E034 (10/02)