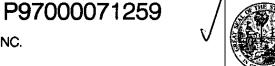
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name SCHORR INVESTMENT, INC.

DOCUMENT#



FILED
Apr 17, 2003 8:00 an
Secretary of State

04-17-2003 90209 001 ***150.00

				SOO WE THE					
Principal Place of Business CO MAIL BOXES ETC. 11767 S DIXIE HWY MIAMI FL 33156-4439		Mailing Address 6330 NW 40 STREET MIAMI FL 33152							
2. Principal F	Place of Business UPS STORE	3. Mailing Address				E 10001000 110 10011 10011 00111 00111 00111			
Suite, Apt.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State			4.	4. FE! Number 65-0777007 Applied For Not Applicable			
Zip	Country	Zíp	Zip Coun		5.	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
				Name					
SCHORR, KENNETH A 6330 N.W. 40TH STREET				Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33166									
	named entity submits this statement f			City			FL Zip Code		
	tions of registered agent. Signature, typed or printed name of registered agen			egistered Agent signature re			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				, **		Election Campaign Financir Trust Fund Contribution.	☐ Added	0 May Be I to Fees	
10.	OFFICERS AND	DIRECTORS		11.	Α	DDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHORR, EDWARD M 6330 N.W. 40TH STREET MIAMI FL 33166		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHORR, KENNETH 6330 NW 40 ST MIAMI FL 33166		□ Delete	TITLE : NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ,	ا سست یا جر	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · ·	☐ Change	Addition .	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED W/15 2