## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P98000011137 **DOCUMENT#**

1. Entity Name

DREXEL MANAGEMENT, INC.



FILED r 16, 2003 8:00 am	U2975
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Suite, Apt. #, etc.   CHECK HERE IF MAKING  City & State   City & State   City & State   Country   State   City & State   City & State   City & State   Country   State   Country   State   City & State   City & State   Country	CHANGES  Ar  No  88.75 Add  ee Require  gent  Zip Code  amiliar with,	pplied For ot Applicable ditional ed
MIAMI BEACH FL 33140  MIAMI BEACH FL 33140  2. Principal Place of Business  Suite, Apt. #, etc.   CHECK HERE IF MAKING  City & State   City & State   Country   5. Certificate of Status Desired   7. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent Agent Address (P.O. Box Number is Not Acceptable)  #### MIAMI BEACH FL 33140  #### Agent	CHANGES  Ar  No  88.75 Add  ee Require  gent  Zip Code  amiliar with,	pplied For ot Applicable ditional ed
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING    City & State   City & State   City & State   4. FEI Number 65-0815499    Zip   Country   Zip   Country   5. Certificate of Status Desired    GLIECKMANN, FERDINAND   Street Address of New Registered Agent   7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)   7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)   7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)   7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)   7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)   7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)   7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name and Address (P.O. Box Number is Not Acceptable)   7. Name	CHANGES  Ar  No  88.75 Add  ee Require  gent  Zip Code  amiliar with,	pplied For ot Applicable ditional ed
City & State  Country  Country  5. Certificate of Status Desired  Registered Agent  7. Name and Address of New Registered Agent  Name  GLUECKMANN, FERDINAND  4925 COLLINS AVE  #7E  MIAMI BEACH FL 33140  City  FL  6. Name and Address of Current Registered Agent  Name  City  FL  City  FL  City  FL  Signature, typed or printed nême 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  10. OFFICERS AND DIRECTORS  ITILE  DGUECKMANN, FERDINAND  GEGLECKMANN, FERDINAND  DELete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33140  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  T	\$8.75 Added to Require gent Zip Code amiliar with,	pplied For ot Applicable ditional ed
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GLUECKMANN, FERDINAND  4925 COLLINS AVE  #7E  MIAMI BEACH FL 33140  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fet the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  MAME  SIREET ADDRESS  CITY-ST-2IP  MIAMI BEACH FL 33140  STREET ADDRESS  CITY-ST-2IP  MIAMI BEACH FL 33140  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FILE Now In the State of Florida. I am fet the obligations of registered agent, or both, in the State of Florida. I am fet the obligations 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  11. ADDITIONS/CHANGES TO OFFICERS AND INTE  NAME  STREET ADDRESS  CITY-ST-2IP  MIAMI BEACH FL 33140  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  MIAMI BEACH FL 33140	zip Codamiliar with,	de
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2. Thereby 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 certificated 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 are		

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered tolerecute 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:** 

Daytime Phone #