


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90084 028 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P98000018990 1. Entity Name RICHARD KLEIN, INC. | | | |  | |
| Principal Place of Business 14272 CAMPANELLI DR. DELRAY BEACH FL 33446 | | | Mailing Address 265 S FEDERAL HWY 267 DEERFIELD BEACH FL 33441 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. <i>SOME</i> | | 3. Mailing Address Suite, Apt. #, etc. <i>SOME</i> | | | |
| City & State | | City & State | | 4. FEI Number 65-0812652 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KLEIN, RICHARD 14272 CAMPANELLI DR. DELRAY BEACH FL 33446 | | | 7. Name and Address of New Registered Agent Name <i>SOME</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KLEIN, RICHARD 14272 CAMPANELLI DR. DELRAY BEACH FL 33446 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>SOME</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: <i>[Signature]</i> | | | Date 4-23-03 Daytime Phone # 954-781-4588 | | |

CR2E034 (10/02)