


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90116 022 \*\*\*150.00

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<b>DOCUMENT #</b> P98000029423	
1. Entity Name SSR ADVENTURES, INC.	

Principal Place of Business 404 E. ATLANTIC BLVD.,STE.101 POMPAÑO BEACH FL 33060	Mailing Address 404 E. ATLANTIC BLVD.,STE.101 POMPAÑO BEACH FL 33060
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0825660	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  ROSENTHAL, STUART S ESQ. 404 E. ATLANTIC BLVD.,STE.101 POMPAÑO BEACH FL 33060
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, STUART S <input type="checkbox"/> Delete 404 E. ATLANTIC BLVD.,STE.101 POMPAÑO BEACH FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, SHELLEY S <input type="checkbox"/> Delete 404 E. ATLANTIC BLVD.,STE.101 POMPAÑO BEACH FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, SCOTT <input checked="" type="checkbox"/> Delete 844 W ST CLAIRAVE CLEVELAND OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, RACHEL <input checked="" type="checkbox"/> Delete ONE UNION SQUARE SOUTH, APT 20R NEW YORK NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: _____	SIGNATURE REQUIRED _____	Date 4/7/03	Daytime Phone # _____
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CR2E034 (10/02)