## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P98000034717

1. Entity Name

RANDOLPH J. GINSBERG INTRODUCING BROKERAGE, INC.



## **FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90438 024 \*\*\*150.00

Principal Place 8400 N UNIVER STE 301 TAMARAC FL 3	RSITY DR	Mailing Address 1610 NW 106 LANE CORAL SPRINGS FL 33071				<b>?</b> 844 <b>88</b> 44 <b>888</b> 8			
2. Principal Pi	ace of Business NW 106 LAWE	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Color & State	sprinbs, pr	City & State			4. FEI Number 65-082881	0	<b>├</b> ─ <b>├</b> ─	Applied For Not Applicable	
<sup>Zio</sup> 33 0	71 Country A	Zip Count		ry	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of Nev	v Registered	Agent		]
GINSBERG, RANDOLPH				Name					
1610 NW 1		,		Street Address (P.O. Box Number is Not Acceptable)					
#301	- 4-17	<del> </del>			,			·	
CORAL SPRINGS FL 33071				City		FL	Zip Cod	е	]
8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.				d office or registere	ed agent, or both, in the State of	Florida. I am	familiar with,	and accept	1
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: 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 Trust Fund Contribu			O May Be to Fees	
10. ,	OFFICERS AND [	DIRECTORS	11.		ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11	} _
NAME STREET ADDRESS	PSTD GINSBERG, RANDOÉPH J 1610 NW 106 LANE CORAL SPRINGS FL 33071	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	. •		☐ Change	☐ Addition	CR2E034 (10/02)
TITLE : NAME : STREET ADDRESS : CITY - ST - ZIP	*	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	☐ Addition	CR2F
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	,		☐ Change	Addition	
TITLE		☐ Delete	TITLE					□.∆ddition-	
STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	T ADDRESS	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	CITY-S	<u> </u>			Change	Addition	

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: