

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90123 006 ***150.00

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1. Entity Name
EVENTS PUBLICATIONS, INC.



90003645



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1481 SW ~~GASTADOR~~ GASTADOR AVE.
PORT SAINT LUCIE FL 34953-1777

Mailing Address
1481 SW ~~GASTADOR~~ GASTADOR AVE.
PORT SAINT LUCIE FL 34953-1777

2. Principal Place of Business
1481 SW GASTADOR AVE
Suite, Apt. #, etc.

3. Mailing Address
1481 SW GASTADOR AVE
Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FL

City & State
PORT ST. LUCIE, FL

4. FEI Number 52-2105563

Applied For
Not Applicable

Zip 34953-1777 Country USA

Zip 34953-1777 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELVILLE, COHEN
1481 SW ~~GASTADOR~~ GASTADOR AVE.
INVERNESS FL 34453-1777
PORT SAINT LUCIE, FL 34953-1777

7. Name and Address of New Registered Agent

Name MELVILLE S. COHEN
Street Address (P.O. Box Number is Not Acceptable)
1481 SW GASTADOR AVE
City PORT ST. LUCIE, FL Zip Code 34953-1777

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 Melville S. Cohen MELVILLE S. COHEN 1/04/03
Signature, typed or printed name 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

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME MELVILLE, COHEN S ☐ Delete
STREET ADDRESS 1481 SW GASTADOR AVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Melville S. Cohen MELVILLE S. COHEN 1/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)