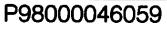
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # **P98000046**

1. Entity Name F G R W, INC.





## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90452 006 \*\*\*150.00

			GOO WE THE	
Principal Place of Business 10480 SW 123RD ST MIAMI FL 33176		Mailing Address 10480 SW 123RD ST MIAMI FL 33176		I HERITERI ILE ARIAN KERIN DERIN DERIN BERIN BIRIN BERRE BIRIN BERRE BUNG BERRE
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
C) 0 C)				☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0880865 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
GELMAN, 10480 SW MIAMI FL	/ 123RD ST		Name Street Address	s (P.O. Box Number is Not Acceptable)
			City	Zip Code
• TI ·			,	FL Zip Code tered agent, or both, in the State of Florida. I am familiar with, and accept
。Afte	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0	0	DTE: Registered Agent signature requir	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
	k Payable to Florida Department			Added to Fees
10.	+	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDMAN, MARK 10480 SW 123RD ST MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Title Name Street address City-St-Zip+	D GELMAN, RICHARD 10480 SW 123RD ST MIAMI FL-33176	☐ Delete	TITLE NAME STREET ADDRESS ~CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHENBERG, LEONARD 10480 SW 123RD ST MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME Street Address City-St-Zip	D FISHER, JEROME 10480 SW 123RD ST MIAMI FL 33176	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby of indicated of the cor.	on tris report of supplemental report	is true and accurate and that powered to execute this report	or the exemption stated in S my signature shall have the	Section 119.07(3)(i), Florida Statutes, I further certify that the information a same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

BOS 1235-1988

Daytime Phone

CR2E034 (10/02