

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90114 036 \*\*\*150.00

11/17/01 AV

**DOCUMENT # P98000052395**  
 1. Entity Name  
**SALES FORCE & ASSOCIATES, INC.**

Principal Place of Business 2640 HOLLYWOOD BLVD #121 HOLLYWOOD FL 33020	Mailing Address 2640 HOLLYWOOD BLVD #121 HOLLYWOOD FL 33020
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2. Principal Place of Business 1924 N. 25th Ave Suite, Apt. #, etc.	3. Mailing Address 1924 N. 25th Ave Suite, Apt. #, etc.
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City & State Hollywood FL	City & State Hollywood FL	4. FEI Number 65-0908550	Applied For Not Applicable
Zip 33020	Country	Zip 33020	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SAMUELS, LEONARD K**  
**BERGER DAVIS & SINGERMAN**  
**350 EAST LAS OLAS BLVD STE 1000**  
**FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
 Name  
 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.  
 SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOYER, JEFFREY</b> <b>2640 HOLLYWOOD BLVD</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTINEZ, BOBBI</b> <b>2640 HOLLYWOOD BLVD #121</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(SAME)</b> <b>1924 N. 25th AVE</b> <b>Hollywood FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(SAME)</b> <b>1924 N. 25th AVE</b> <b>Hollywood FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **1/11/02 (954) 927-6074**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)