

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90984 002 \*\*\*150.00

**DOCUMENT # P98000067499**

1. Entity Name  
**SEVENTY-FIVE EAST, INC.**



Principal Place of Business  
**1000 NORTH HIATUS ROAD  
#100  
PEMBROKE PINES FL 33026**

Mailing Address  
**1000 NORTH HIATUS ROAD  
#100  
PEMBROKE PINES FL 33026**

**11022248**



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0855355</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |  |  |           |          |
|---|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |          |
| <b>E.H.G. RESIDENT AGENTS, INC.<br/>5100 TOWN CENTER CIRCLE SUITE 430<br/>BOCA RATON FL 33486</b> |  |  |  | Name   |  |  |  |           |          |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |          |
|   |  |  |  | City   |  |  |  | <b>FL</b> | 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. I am familiar with, and accept the obligations of registered agent.

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

**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                      | <b>VPSD</b>                            | <input type="checkbox"/> Delete | TITLE   | <b>D, VP</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MILLER, ROBERT B</b>                |                                 | NAME  |  |  |
| STREET ADDRESS             | <b>1000 NORTH HIATUS ROAD, STE 100</b> |                                 | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                | <b>PEMBROKE PINES FL 33026</b>         |                                 | CITY-ST-ZIP   |  |  |
| TITLE                      | <b>PD</b>                              | <input type="checkbox"/> Delete | TITLE   | <b>D, VP</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MILLER, LEONARD</b>                 |                                 | NAME  |  |  |
| STREET ADDRESS             | <b>1000 NORTH HIATUS ROAD, STE 100</b> |                                 | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                | <b>PEMBROKE PINES FL 33026</b>         |                                 | CITY-ST-ZIP   |  |  |
| TITLE                      |  | <input type="checkbox"/> Delete | TITLE   | <b>D, P</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  |                                 | NAME  | <b>AROLPH BERGEN</b>                   |  |
| STREET ADDRESS             |  |                                 | STREET ADDRESS  | <b>1000 NORTH HIATUS ROAD, Ste 100</b> |  |
| CITY-ST-ZIP                |  |                                 | CITY-ST-ZIP   | <b>PEMBROKE PINES, FL 33026</b>        |  |
| TITLE                      |  | <input type="checkbox"/> Delete | TITLE   | <b>D, VP</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  |                                 | NAME  | <b>BELENE BERGEN</b>                   |  |
| STREET ADDRESS             |  |                                 | STREET ADDRESS  | <b>1000 NORTH HIATUS ROAD, Ste 100</b> |  |
| CITY-ST-ZIP                |  |                                 | CITY-ST-ZIP   | <b>PEMBROKE PINES, FL 33026</b>        |  |
| TITLE                      |  | <input type="checkbox"/> Delete | TITLE   | <b>VP, S</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  |                                 | NAME  | <b>CORINNE MILLER COFF</b>             |  |
| STREET ADDRESS             |  |                                 | STREET ADDRESS  | <b>1000 NORTH HIATUS ROAD, Ste 100</b> |  |
| CITY-ST-ZIP                |  |                                 | CITY-ST-ZIP   | <b>PEMBROKE PINES, FL 33026</b>        |  |
| TITLE                      |  | <input type="checkbox"/> Delete | TITLE   | <b>VP, T</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  |                                 | NAME  | <b>LAWRENCE J. COFF</b>                |  |
| STREET ADDRESS             |  |                                 | STREET ADDRESS  | <b>1000 NORTH HIATUS ROAD, Ste 100</b> |  |
| CITY-ST-ZIP                |  |                                 | CITY-ST-ZIP   | <b>PEMBROKE PINES, FL 33026</b>        |  |

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]* **SIGNATURE REQUIRED** *4/26/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)