

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0855355**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE SUITE 430
BOCA RATON FL 33486

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPSD** ☐ Delete
NAME **MILLER, ROBERT B**
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **D, VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MILLER, LEONARD**
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **D, VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, P** ☐ Change ☒ Addition
NAME **AROLPH BENGEN**
STREET ADDRESS **1000 NORTH HIATUS ROAD, Ste 100**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, VP** ☐ Change ☒ Addition
NAME **BELENE BENGEN**
STREET ADDRESS **1000 NORTH HIATUS ROAD, Ste 100**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP, S** ☐ Change ☒ Addition
NAME **CORRINE MILLER COFF**
STREET ADDRESS **1000 NORTH HIATUS ROAD, Ste 100**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP, T** ☐ Change ☒ Addition
NAME **LAWRENCE J. COFF**
STREET ADDRESS **1000 NORTH HIATUS ROAD, Ste 100**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)