FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91451 049 ***150.00

90127702

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104213

1. Entity Name
HALBERSTEIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
444 BRICKELL AVE. #415 MIAMI, FL 33131	444 BRICKELL AVE. #415 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
1170 B E. HALLANDALE BCH BLVD	1170 B E. HALLANDALE BCH BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HALLANDALE, FL	City & State: HALLANDALE, FL
Zip: 33009 Country:	Zip: 33009 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0888589 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431

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. 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	HALBERSTEIN, ALEX		NAME	HALBERSTEIN, ALEX	
STREET ADDRESS	444 BRICKELL AVE #415		STREET ADDRESS	1170 B E. HALLANDALE BCH. BLVD	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	PST	☐ Delete	TITLE	PST	☑ Change ☐ Addition
NAME	HALBERSTEIN, ALEX		NAME	HALBERSTEIN, ALEX	
STREET ADDRESS	444 BRICKEWELL AVE #415		STREET ADDRESS	1170 B E. HALLANDALE BCH BLVD	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 Date

954-458-9133 Daytime Phone #