

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90066 010 ***150.00

DOCUMENT # P99000007098

1. Entity Name
PAUL REVERE CORP.

Principal Place of Business

**270 S.W. 31ST STREET
 FT LAUDERDALE FL 33315**

Mailing Address

**270 S.W. 31ST STREET
 FT LAUDERDALE FL 33315**

2. Principal Place of Business

4119 N. State Road #7

3. Mailing Address

4119 N. State Road #7

Suite, Apt. #, etc.

#9117

Suite, Apt. #, etc.

#9117

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale, FL

Zip

33319

Country

USA

Zip

33319

Country

USA

4. FEI Number

65-0890392

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name **Stuart M. Smith, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

633 S.E. 3rd Avenue / Suite 301

City

Fort Lauderdale

FL

Zip Code

33301

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

Stuart M. Smith **Stuart M. Smith**

4/25/02

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 **D** ☒ Delete
 NAME **CHUSID, HOWARD**
 STREET ADDRESS **3127 HALLANDALE BEACH BLVD.**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ Delete
 NAME **MARTIGNETTE, CHARLES**
 STREET ADDRESS **3127 HALLANDALE BEACH BLVD.**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **Charles S. Friedson, P.D.** ☐ Delete
 NAME **4119 N. State Road #7 / #9117**
 STREET ADDRESS **Fort Lauderdale, FL 33319**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 (954) 943-4996

CR2E034 (9/01)