

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007593

1. Entity Name

BSRS CORP.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90082 005 ***150.00

Principal Place of Business

4000 NORTH FEDERAL HIGHWAY
SUITE 201
BOCA RATON FL 33431

Mailing Address

4000 NORTH FEDERAL HIGHWAY
SUITE 201
BOCA RATON FL 33431-4527

2. Principal Place of Business

402 PLAZA REAL

Suite, Apt. #, etc.

3. Mailing Address

402 PLAZA REAL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

Zip 33432

Country US

City & State

BOCA RATON FL

Zip 33432

Country US

4. FEI Number

65-0889187

Applied For

Not Applicable

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

LEVINE, JEFFREY A ESQ.
4000 NORTH FEDERAL HIGHWAY
SUITE 201
BOCA RATON FL 33431

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------|--|
| TITLE | LEVINE, JEFFREY A | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | 4000 NORTH FEDERAL HIGHWAY, SUITE 201 | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PRES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PHILIP SCOTT | |
| STREET ADDRESS | 101 SOUTH SPANISH TRAIL | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | |
| TITLE | SECT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEWART ROSEN | |
| STREET ADDRESS | 421 17 ST | |
| CITY-ST-ZIP | BKLYN NY 11215 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/99)