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Secretary of State
05-07-2001 90064 042 ***150.00

2001 UNIFORM BUSIN_SS REPORT (UBR)

DOCUMENT # P99000007593

1. Entity Name
BSRS CORP.

Principal Place of Business
402 Plaza Real
Boca Raton, Florida
33432 US

Mailing Address
402 Plaza Real
Boca Raton, Florida
33432 US

A0062509

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: c/o JEFFREY LEVINE
Suite, Apt #, etc.: #201 -
City & State: 4000 N. Federal Hwy BOCA RATON, FL 33431
Zip / Country

3. Mailing Address: c/o JEFFREY LEVINE
Suite, Apt #, etc.: #201
City & State: 4000 N. FEDERAL HWY BOCA RATON, FL
Zip / Country: 33431

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
Jeffrey A. Levine, Esq.
4000 N. Federal Highway
Suite 201
Boca Raton, Florida 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.

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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	P Philip Scotti 101 S. Spanish Trail Boca Raton, Florida 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	none ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stewart Rosen 421 17th Street Brooklyn, New York 11215	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] SECY TREAS 4/24/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STEWART ROSEN