

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90109 038 \*\*\*150.00

**DOCUMENT # P99000009894**

1. Entity Name  
**THE GENERALIST, INC.**



Principal Place of Business  
**209 HENDRICKS ISLE  
FT LAUDERDALE FL 33301**

Mailing Address  
**PMB 390  
2400 E. LAS OLAS BLVD.  
FT LAUDERDALE FL 33301**

2. Principal Place of Business  
**1604 SW 5th STREET**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE, FL**

City & State

4. FEI Number **31-1630954**

Applied For  
Not Applicable

Zip **33312** Country **BROWARD**

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**HOWAI, SUSAN  
209 HENDRICKS ISLE  
FT LAUDERDALE FL 33301**

## 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 *Susan Howai*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-20-03

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

TITLE **P** ☒ Delete  
NAME **HOWAI, SUSAN**  
STREET ADDRESS **209 HENDRICKS ISLE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **S** ☒ Delete  
NAME **HANDLES, ROBERT**  
STREET ADDRESS **209 HENDRICKS ISLE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **HOWAI, SUSAN**  
STREET ADDRESS **1604 SW 5th STREET.**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **HANDLES, ROBERT**  
STREET ADDRESS **1604 SW 5th ST.**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

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

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

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

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

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: *Susan Howai*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-03

Date

954-764-0005  
Daytime Phone #

CR2E034 (10/02)