

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90159 006 ***150.00

DOCUMENT # P99000019666

1. Entity Name
105 CORP.



Principal Place of Business
**5572 PINETREE DR.
MIAMI BCH FL 33140**

Mailing Address
**5572 PINETREE DR.
MIAMI BCH FL 33140**

2. Principal Place of Business

870 Narragansett Ln
Suite, Apt. #, etc.

3. Mailing Address

870 Narragansett Ln
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Key Largo, FL
Zip
33837 Country
USA

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Key Largo, FL
Zip
33837 Country
USA

4. FEI Number
65-0895479

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GOODMAN, LAWRENCE
777 BRICKELL AVE., SUITE 980
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Mark C. Wasser
Street Address (P.O. Box Number is Not Acceptable)
870 Narragansett Ln
City
Key Largo FL Zip Code
33837

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 **Mark C. Wasser** DATE **4-17-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSD	<input type="checkbox"/> Delete
NAME	WASSER, MARK C	
STREET ADDRESS	5572 PINETREE DR.	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WASSER, SOFY	
STREET ADDRESS	5572 PINETREE DR.	
CITY-ST-ZIP	MIAMI BCH FL 33140	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Mark C. Wasser Pres** DATE **4-17-03** DAYTIME PHONE # **(286) 554-9474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)