

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 029 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DO 1. En		MENT # 141000040326	
ER AD ADINGS, INC.			
Princi 1515 N. FED HWY. # 300 BOCA RATON FL 33432		Mailing Address 1515 N. FED HWY. # 300 BOCA RATON FL 33432	
2. Pri Place of Business		3. Mailing Address	
Suite, etc.		Suite, Apt. #, etc.	
City & State		4. FEI Number 65-0935106	
Zip		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	
RICHARD L RUBINO 151 FED HWY. # 300 BOCA RATON FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. This 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 renewing) DATE			
9. This Tax (Se ation is eligible to satisfy its intangible purament and effects to do so. 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	VP RICHARD L RUBINO 1515 N. FED HWY. # 300 BOCA RATON FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ELISSA MASLER 1515 N. FED HWY. # 300 BOCA RATON FL 33432 ☐ 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
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 on Block 12, if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE RE: Richard L Rubino SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		RICHARD L RUBINO Date 04-28-02 561-330-2657 Daytime Phone #	

CR2E034 (11/00)