

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045055

1. Entity Name

SITE SELECTION SYSTEMS, INC.

Principal Place of Business

2115 NE 191 DRIVE
NORTH MIAMI BEACH FL 33179

Mailing Address

2115 NE 191 DRIVE
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

1112 WESTON Rd.
Suite, Apt. #, etc.
114

3. Mailing Address

1112 Weston Rd

Suite, Apt. #, etc.

114

City & State

Weston, FL

City & State

Weston, FL

Zip 33326

Country USA

Zip 33326

Country USA

4. FEI Number

59-2429571

Applied For
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HURWIT, BARRY
2115 NE 191 DRIVE
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name Barry Hurwit

Street Address (P.O. Box Number is Not Acceptable)

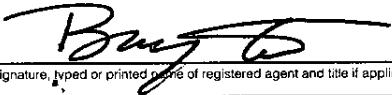
1112 Weston Road

114

City Weston

FL Zip Code 33326

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 4/1/02

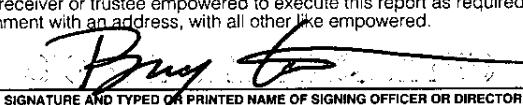
9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURWIT, BARRY		NAME	Barry Hurwit	
STREET ADDRESS	2115 NE 191 DRIVE		STREET ADDRESS	1112 Weston Road, # 114	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

4/1/02

954-217-1000

Date

Daytime Phone #

0285207 AV

CR2E034 (9/01)