

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90063 045 ***150.00

DOCUMENT # P99000077311

1. Entity Name
MR. PURSE, INC.



Principal Place of Business
1421 NE 163 STREET, SPACE #1036
THE MALL 163RD STREET
NORTH MIAMI BEACH FL 33162

Mailing Address
2850 NW 5TH AVE
MIAMI FL 33127

2. Principal Place of Business
1277 NE 163RD ST.

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

City & State
MIAMI, FL

City & State

4. FEI Number **65-0952277**

Applied For
Not Applicable

Zip
33162

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

NAHUM, MOSHE
18999 BISCAYNE BLVD.
SUITE 205
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **MOSHE NAHUM**
Street Address (P.O. Box Number is Not Acceptable) **1890 NE 211 TERRACE**
City **N. MIAMI** **FL** **Zip Code** **33179**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **01-30-03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ **Delete**
NAME **NAHUM, MOSHE**
STREET ADDRESS **1421 NE 163 STREET, SPACE #1036**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

☒ **Change** ☐ **Addition**
TITLE
NAME **1890 NE 211 TERRACE**
STREET ADDRESS **N. MIAMI, FL 33179**
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-30-03** **Daytime Phone #** **305-572-8100**

CR2E034 (10/02)