

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90083 006 \*\*\*150.00

**DOCUMENT # P99000087578**

1. Entity Name  
**MIND OPENING CORPORATION**



Principal Place of Business  
**1800 NE 118 STREET, SUITE 905  
MIAMI FL 33138**

Mailing Address  
**1800 NE 118 STREET, SUITE 905  
MIAMI FL 33138**

2. Principal Place of Business  
**1800 NE 114 Street**  
Suite, Apt. #, etc.  
**905**

3. Mailing Address  
**1800 NE 114 Street**  
Suite, Apt. #, etc.  
**905**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33181** Country  
**Dade**

Zip  
**33181** Country  
**Dade**

4. FEI Number **65-0952100**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARDER, MARK A**  
**9400 SOUTH DADELAND BLVD., PH 5**  
**MIAMI FL 33156**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**

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

TITLE  
NAME **P KAMRAT, JANE** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **1800 NE 114TH STREET APT 905  
MIAMI FL 33181**

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

TITLE  
NAME **VP KAMRAT, MORRIS** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **1800 NE 114TH STREET APT 905  
MIAMI FL 33181**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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 A. Marder* SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/03**  
Date

**305-401-3542**  
Daytime Phone #

CH2E034 (10/02)