

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90284 001 \*\*\*300.00

**DOCUMENT # P99000104240**

**1. Entity Name**  
**PATKOR, INC.**



**Principal Place of Business**  
**476 SUGAR RIDGE CT.**  
**LONGWOOD FL 32779**

**Mailing Address**  
**476 SUGAR RIDGE CT.**  
**SUITE 300 OUT**  
**LONGWOOD FL 32779**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

**476 SUGAR RIDGE CT.**

Suite, Apt. #, etc.

City & State  
**LONGWOOD, FL.**

Zip

**32779**

Country

**4. FEI Number**  
**65-1008598**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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

**BRUS, GIOVANNI A**  
**476 SUGAR RIDGE CT.**  
**LONGWOOD FL 32779**

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	BRUS, GIOVANNI	
STREET ADDRESS	476 SUGAR RIDGE CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HEARN, W. LEE	
STREET ADDRESS	476 SUGAR RIDGE CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RUBINSTEIN, MIKE	
STREET ADDRESS	476 SUGAR RIDGE CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KNAPP, PAUL	
STREET ADDRESS	8144 NW 1ST STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MICHELL G. RUBINSTEIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	476 SUGAR RIDGE CT.	
STREET ADDRESS	LONGWOOD, FL 32779	
CITY-ST-ZIP	TRES/SEC/DIR	

**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 REQUIRED Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-03**

Date

**407-682-4742**

Daytime Phone #

CR2E034 (10/02)