

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90003 050 \*\*\*150.00

**DOCUMENT # S02042**

1. Entity Name  
**DEVELOPMENT INDUSTRIES, INC.**

Principal Place of Business % BARRY HERSH 100 S.E. 2ND ST., SUITE 2200 MIAMI FL 33131	Mailing Address % BARRY HERSH 100 S.E. 2ND ST., SUITE 2200 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>400 N. McGLURG CT</b> Suite, Apt. #, etc. <b># 1307</b> City & State <b>CHICAGO, IL</b> Zip <b>60611</b> Country <b>USA</b>	3. Mailing Address <b>c/o BARRY HERSH</b> Suite, Apt. #, etc. <b>P.O. Box 562195</b> City & State <b>MIAMI, FL</b> Zip <b>33256-2195</b> Country <b>USA</b>
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4. FEI Number <b>65-0314901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name **JEFFREY HERSH, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**708 W. 51 STREET**  
**SUITE 2**  
 City **MIAMI BEACH** FL Zip Code **33140**

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 **JEFFREY S. HERSH, ESQ.** DATE **2/4/2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERSH, BARRY</b> <b>100 S.E. 2ND ST., #2200</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZADNER, DAVID</b> <b>100 SE 2 ST., STE. 2200</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14510 SW 77 CT</b> <b>MIAMI, FL 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400 N. McGLURG CT, #1307</b> <b>CHICAGO, IL 60611</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BARRY HERSH** Date **2/4/02** 305-751-3260  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

UNCLASSIFIED

CR2E034 (9/01)