

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90069 014 ***150.00

DOCUMENT # **S02042**



1. Entity Name
DEVELOPMENT INDUSTRIES, INC.

Principal Place of Business
**400 N MCGLURG CT
1307
CHICAGO IL 60611**

Mailing Address
**% BARRY HERSH
PO BOX 562195
MIAMI FL 33256-2195**



2. Principal Place of Business
227 EAST ONTARIO ST

3. Mailing Address
**% BARRY HERSH
7725 ROYALE RIVER LN**

CHECK HERE IF MAKING CHANGES

City & State
CHICAGO, IL

City & State
LAKE WORTH, FL

4. FEI Number **65-0314901** Applied For
 Not Applicable

Zip **60611** Country **USA**

Zip **33467** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERSH, JEFFREY
708 W 51 ST
SUITE 2
PLANTATION FL 33324**

Name **JEFFREY HERSH, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
**18999 BISCAYNE BLVD
SUITE 204**
City **AVENTURA** FL Zip Code **33180**

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 **S. Hersh**

DATE **3/10/2003**

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	D <input type="checkbox"/> Delete
NAME	HERSH, BARRY
STREET ADDRESS	14510 SW 77 CT
CITY-ST-ZIP	MIAMI FL 33158
TITLE	D <input type="checkbox"/> Delete
NAME	ZAIDNER, DAVID
STREET ADDRESS	400 N. MCGLURG CT. 1307
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7725 ROYALE RIVER LADE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	227 EAST ONTARIO ST
CITY-ST-ZIP	CHICAGO, IL 60611
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	

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: **Barry Hersh** **3/4/03** **561-434-3432**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)