

# 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**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7725 ROYALE RIVER LN**

City & State

**CHICAGO, IL**

City & State

**LAKE WORTH, FL**

Zip

**60611**

Country

**USA**

Zip

**33467**

Country

**USA**

4. FEI Number

**65-0314901**

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

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete  
NAME **HERSH, BARRY**  
STREET ADDRESS **14510 SW 77 CT**  
CITY-ST-ZIP **MIAMI FL 33158**

TITLE **D** ☐ Delete  
NAME **ZAIDNER, DAVID**  
STREET ADDRESS **400 N MCGLURG CT 1307**  
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7725 ROYALE RIVER LAKE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **227 EAST ONTARIO ST**  
CITY-ST-ZIP **CHICAGO, IL 60611**

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

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

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

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

**3/4/03**

Date

**561-434-3432**

Daytime Phone #

CR2E034 (10/02)