


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91441 009 \*\*\*150.00

**80113350**

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

<b>DOCUMENT # S86551</b>		
1. Entity Name <b>SECURITIES COUNSELING AND MANAGEMENT, INC.</b>		
Principal Place of Business 21131 NE 24 CT MIAMI, FL 33180		Mailing Address 21131 NE 24 CT MIAMI, FL 33180
2. Principal Place of Business <b>333 N OCEAN DR #810</b> Suite, Apt. #, etc. <b>810</b>		3. Mailing Address <b>333 N OCEAN DR</b> Suite, Apt. #, etc. <b>810</b>
City & State <b>DEERFIELD BCH FL</b>		4. FEI Number <b>65-0305443</b>
Zip <b>33441</b> Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required <b>\$8.75</b>		6. Name and Address of Current Registered Agent <b>JORDAN, MICHAEL H</b> 21131 NE 24 CT MIAMI, FL 33180
7. Name and Address of New Registered Agent Name <b>MICHAEL H. JORDAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>333 N. OCEAN DR # 810</b> City <b>DEERFIELD BCH FL</b> Zip Code <b>33441</b>		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 _____ DATE _____ <small>Signatures, typed or printed names of registered agents and title if applicable (NOTE: Registered Agent's signature required when retaining)</small>		
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, <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, MICHAEL H 21131 NE 24 CT MIAMI, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, ROBERT E 2780 NE 183 ST 901C AVENTURA, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.		
SIGNATURE: <b>MHJ</b> <b>MICHAEL H. JORDAN</b>		<b>4/30/03 9547229893</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Case No. <b>430103</b> <b>9547229893</b>

CR2E034 (10/02)