

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91338 012 \*\*\*150.00

**DOCUMENT # S93584**

1. Entity Name  
**THE HISTORICAL RESEARCH CENTER INTERNATIONAL, IN C.**



Principal Place of Business  
**2019 CORPORATE DRIVE  
BOYNTON BEACH FL 33426**

Mailing Address  
**2019 CORPORATE DRIVE  
BOYNTON BEACH FL 33426**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0315964**

Applied For  
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENWASSER ESQ, RONALD  
5355 TOWN CENTER ROAD  
THE PLAZA SUITE 801  
BOCA RATON FL 33486**

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  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME **WALSHE, MICHAEL**  
STREET ADDRESS **2019 CORPORATE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE D ☐ Change ☒ Addition  
NAME **AIDEN LEONARD**  
STREET ADDRESS **2019 CORPORATE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL. 33426**

TITLE VPSD ☐ Delete  
NAME **FISH, ESTELLE**  
STREET ADDRESS **2019 CORPORATE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE PD ☐ Delete  
NAME **MAGID, MARC**  
STREET ADDRESS **2019 CORPORATE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE VPD ☐ Delete  
NAME **MARQUIS, NANCY**  
STREET ADDRESS **2019 CORPORATE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE D ☐ Delete  
NAME **KOILES, MICHELLE**  
STREET ADDRESS **2019 CORPORATE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE D ☐ Delete  
NAME **SZE, MARY**  
STREET ADDRESS **2019 CORPORATE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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 address, with or other like empowered.

SIGNATURE:

**ESTELLE FISH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-4-03 (561) 732-5263**

CR2E034 (10/02)