

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91460 007 ***150.00

DOCUMENT # **V71812** ✓
1. Entity Name
1601 SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1601 North. State Rd 7
Suite, Apt. #, etc.

3. Mailing Address
2745 W Cypress Creek
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAUDERHILL, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
65-0366512

Applied For
 Not Applicable

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

Zip
33313 Country
USA

Zip
33309 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
YORAM LOW c/o WEINBERG & G

Street Address (P.O. Box Number is Not Acceptable)
2310 HOLLYWOOD BLVD.

City
Hollywood, FL Zip Code
33020

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	T LOW, EVA 2310 Hollywood Blvd, Hollywood, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALICHMAN DAVID 2310 Hollywood Blvd Hollywood, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIKHRIE ROMAN 2310 Hollywood Blvd Hollywood FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **4/20/02** (254) 735-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)