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2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State G16980 DOCUMENT # 1. Entity Name SECOND AVENUE REALTY CORPORATION 04-10-2002 90480 024 ***150.00 Principal Place of Business Mailing Address 2240 PALM BEACH LAKES BLVD. 2240 PALM BEACH LAKES BLVD. **SUITE 100** SUITE 100 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2245433 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVELYN F. PARKES, CPA, P.A. Street Address (P.O. Box Number is Not Acceptable) 2240 PALM BEACH LAKES BLVD. SUITE 100 WEST PALM BEACH FL 33409 Zip Code FL 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** 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back).€ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (9/01 ☐ Delete ☐ Change ☐ Addition ATHANS, DEMETRIUS N NAME NAME 1740 S. OCEAN BLVD. STREET ADDRESS STREET ADDRESS PALM BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ATHANS, IRENE NAME NAME STREET ADDRESS C/O 1740 OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP TITLE Delete ☐ Addition NAME KIRATSOUS, ELAINE NAME STREET ADDRESS 1740 S. OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

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