

2002 UNIFORM BUSINESS REPORT (UBR)

4. FILED  
 May 28, 2002 8:00 am  
 Secretary of State

04-11-2002 90042 006 \*\*\*150.00

DOCUMENT # P97000037199  
 1. Entity Name  
 DELRAY BEACH PROPERTY, INC.

Principal Place of Business Mailing Address  
 118 N BEDFORD RD C/O CHARLES ROSNER  
 SUITE 203 118 N BEDFORD RD  
 MOUNT KISCO NY 10549 MT KISCO NY 10549  
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 P.O. Box 803 P.O. Box 803  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 R203

City & State City & State  
 KATONAH NY KATONAH NY  
 Zip Country Zip Country  
 10536 10536

4. FEI Number 65-0751824 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 ZANE, JEFFREY P ESQ. Name ~~LOUIS J CARBONE P.A.~~  
 SINGE & ZANE, P.A. Street Address (P.O. Box Number is Not Acceptable)  
 701 NORTHPOINT PKWY., SUITE 330 65 NE 4TH AVENUE  
 WEST PALM BEACH FL 33407 City DELRAY BEACH FL Zip Code 33483

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]* DATE 4/26/02  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSNER, CHARLES 701 NORTHPOINT PKWY., SUITE 330 WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 803 KATONAH NY 10536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSNER, FRANCES 701 NORTHPOINT PKWY., SUITE 330 WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 803 KATONAH, NY 10536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTKOVSKY, EDWARD 701 NORTHPOINT PKWY., SUITE 330 WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>P.O. Box 803</del> KATONAH NY 10536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTKOVSKY, LISA 701 NORTHPOINT PKWY., SUITE 330 WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 803 KATONAH NY 10536
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: *[Signature]* DATE 4/1/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #