

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90081 006 ***150.00

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FP

DOCUMENT # P97000094578



1. Entity Name
BT INCOME PROPERTY, INC.

Principal Place of Business
**2100 E HALLADALE BEACH BLVD
200
HOLLYWOOD FL 33020
US**

Mailing Address
**2100 E HALLADALE BEACH BLVD
200
HOLLYWOOD FL 33020
US**



2. Principal Place of Business
2100 E. Hallandale Beach Blvd.

3. Mailing Address
2100 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
Hallandale Beach, Fla.

City & State
Hallandale Beach, Fla.

4. FEI Number **65-0799705**

Applied For
Not Applicable

Zip **33009**

Country **US**

Zip **33009**

Country **US**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TOLCHINSKY, LAWRENCE S ESQ
2100 E HALLADALE BEACH BLVD
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **Tolchinsky, Lawrence S., Esq.**
Street Address (P.O. Box Number is Not Acceptable)
2100 E. Hallandale Beach Blvd. #200
City **Hallandale Beach** FL Zip Code **33009**

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.

Larry Tolchinsky

4/9/03

(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 NAME STREET ADDRESS CITY-ST-ZIP	D TOLCHINSKY, LAWRENCE S 2100 C. HULLADALE BEACH BLVD #200 HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tolchinsky Lawrence S. 2100 E. Hallandale Beach Blvd. #200 Hallandale Beach, Fla. 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 empowered.

SIGNATURE: SIGNATURE REQUIRED **Larry Tolchinsky**

4/9/03

(954) 458-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)