

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020716

1. Entity Name
FLORIDA BP PROPERTIES, INC.

Principal Place of Business
114 EAST OCEAN AVE
LAKE WORTH FL 33462
US

Mailing Address
114 EAST OCEAN AVE
LAKE WORTH FL 33462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAINE, JEFFREY ESQ.
500 S. AUSTRALIAN AVENUE
SUITE 120
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name MARISSA CAKMAKCI
Street Address (P.O. Box Number is Not Acceptable)
3170 SHERWOOD BLVD.
City DELRAY BEACH FL Zip Code 33445

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

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

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE ☐ Delete
NAME PD
STREET ADDRESS COLANGELO, PETER
CITY-ST-ZIP 3408 34TH WAY
WEST PALM BEACH FL 33407

TITLE ☐ Delete
NAME STD
STREET ADDRESS ALLEN, GARY B
CITY-ST-ZIP 128 NORTH LAKESIDE DRIVE
LAKE WORTH FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
300004663693--9
-11/02/01--01016--027
*****750.00 *****750.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 furnished 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/01

541-547-6575

Daytime Phone #

FILED

01 OCT 12 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)