

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2002 91567 034 ***150.00

DOCUMENT # P99000086683

1. Entity Name
VILLA DELRAY APARTMENTS CORP.

Principal Place of Business
~~100 E LINTON BLVD.~~
~~303 A~~
~~DELRAY BEACH FL 33483~~

Mailing Address
~~100 E LINTON BLVD.~~
~~303 A~~
~~DELRAY BEACH FL 33483~~



2. Principal Place of Business
1301 W. BOYNTON BEACH BLVD.

3. Mailing Address
1301 W. BOYNTON BEACH BLVD.

Suite, Apt. #, etc.
UNIT 0-1

Suite, Apt. #, etc.
UNIT 0-1

City & State
BOYNTON BEACH FL

City & State
BOYNTON BEACH FL

4. FEI Number **65-0954761**

Applied For
 Not Applicable

Zip **33426** Country **USA**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORVINO, GARY
~~100 E. LINTON BLVD.~~
~~STE 303A~~
~~DELRAY BEACH FL 33483~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1301 W. BOYNTON BEACH BLVD.
UNIT 0-1
 City **BOYNTON BEACH FL** Zip Code **33426**

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 **GARY CORVINO**

Gary Corvino

4/16/2002

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 \$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	DP	<input type="checkbox"/> Delete
NAME	CARVINO, GARY	
STREET ADDRESS	100 E LINTON BLVD STE 303A	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1301 W. BOYNTON BEACH BLVD. UNIT 0-1	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **GARY CORVINO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2002
 Date

961-274-8055
 Daytime Phone #

CR2E034 (9/01)