

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90007 037 ***150.00

DOCUMENT # P 97000015043

1. Entity Name

Colony at Boynton Beach, Inc. (LA)

Principal Place of Business 400 Post Ave. Westbury, NY 11590-2289	Mailing Address 400 Post Ave. Westbury, NY 11590-2289
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C007341A

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0756535	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Seaton, Harry L Esq.
7350 Le Chalet Blvd.
Boynton Beach FL 33437

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \$150.00
After MAY 1, 2001 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monter, Gerald 400 Post Ave. Westbury NY 11590	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monter, Elliot 400 Post Ave. Westbury NY 11590	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monter, Marilyn 400 Post Ave. Westbury NY 11590	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: "X" *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title

CR2E034 (11/00)

Attachment Doc # P97000015043
CDO73414

HOLTZ RUBENSTEIN & Co., LLP

Certified Public Accountants
Business Advisers

June 6, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

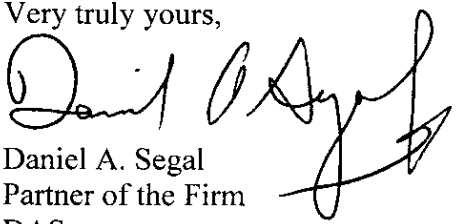
RE: Colony at Boynton Beach Inc.
Document # P97000015043

Dear Sir or Madam:

We are the accountants for the above-named taxpayer and are enclosing the 2001 Florida Uniform Business Report. According to the taxpayer's records, they did not receive the 2001 Uniform Business Report in January.

We respectfully request a waiver of the late fee in light of this information.

Very truly yours,



Daniel A. Segal
Partner of the Firm

DAS:cec
Enclosure