

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0020088

DOCUMENT # N00000002329

1. Entity Name

16TH AVENUE TOWNHOUSES, INC.

04-02-2002 90886 030 ****61.25

Principal Place of Business

Mailing Address

1255 W. ATLANTIC BLVD., OFFICE F-2
 POMPANO BCH FL 33069

1255 W. ATLANTIC BLVD., OFFICE F-2
 POMPANO BCH FL 33069

2. Principal Place of Business

1255 W. ATLANTIC Blvd

Suite, Apt. #, etc.

Office 314

3. Mailing Address

1255 W. ATLANTIC Blvd

Suite, Apt. #, etc.

Office 314

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

USA

Zip

33069

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEIGHLEY, ADAM S

**1255 W. ATLANTIC BLVD., OFFICE F-2
 POMPANO BCH FL 33069**

7. Name and Address of New Registered Agent

Name **Adam Beighley**

Street Address (P.O. Box Number is Not Acceptable)

1255 W. ATLANTIC Blvd

Office 314

City

Pompano Beach

FL

Zip Code

33069

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MYRICK, EDWARD L JR	
STREET ADDRESS	1255 W ATLANTIC BLVD F-2	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MYRICK, JAMES	
STREET ADDRESS	1255 W ATLANTIC BLVD F-2	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEIGHLEY, ADAM	
STREET ADDRESS	1255 W ATLANTIC BLVD F-2	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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 617, 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

3-15-02

954-784-3278

CR2E037 (9/01)