

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90015 002 ***150.00

04/20/02 AV

DOCUMENT # P95000056720

1. Entity Name
18TH STREET CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~2700 W CYPRESS CREEK RD #D-110~~ / ~~2700 W CYPRESS CREEK RD #D-110~~
~~FT LAUDERDALE FL 33309~~ ~~FT LAUDERDALE FL 33309~~
 US US

2. Principal Place of Business 3. Mailing Address
7700 CONGRESS AVENUE **7700 CONGRESS AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3100 **3100**

City & State City & State
BOCA RATON, FL **BOCA RATON, FL**
 Zip Country Zip Country
33487 **USA** **33487** **USA**

4. FEI Number **65-0598393** Applied For
 Not Applicable

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

FELUREN, MARK S
~~ONE FINANCIAL PLZ #1600~~
~~FT LAUDERDALE FL 33304~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
2200 NORTH COMMERCE PKWY.
Suite # 202
 City **WESTON** **FL** Zip Code **33326**

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 **MARK S. FELUREN** **4-25-02**
 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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DANBURG, JAMIE A 2700 CYPRESS CREEK RD #D-110- FT LAUDERDALE FL 33309	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7700 CONGRESS AVENUE, SUITE # 3100 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JAMIE A. DANBURG** **4-23-02** **561-997-5777**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)