

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90334 028 ***150.00

DOCUMENT # F95000001563

1. Entity Name
DTR BOSTON HEIGHTS, INC.



Principal Place of Business
**9336 CIVIC CENTER DR.
BEVERLY HILLS CA 90210
US**

Mailing Address
**9336 CIVIC CENTER DR.
BEVERLY HILLS CA 90210**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **86-0803673**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HUCKESTEIN, DIETER H	
STREET ADDRESS	9336 CIVIC CENTER DR.	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	STANDEFER, W. STEVEN	
STREET ADDRESS	9336 CIVIC CENTER DR.	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SMITH, M. HUE	
STREET ADDRESS	9336 CIVIC CENTER DR.	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	LAFORGIA, ROBERT M	
STREET ADDRESS	9336 CIVIC CENTER DR.	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
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 11

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		
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CITY-ST-ZIP		
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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 607, 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:

M. HUE SMITH, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

310-278-4321

Date

Daytime Phone #

CR2E034 (10/02)