

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90373 037 *****70.00

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DOCUMENT # NO1000005437

1. Entity Name

DISTRIB-U-MART PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3056 S. STATE ROAD 7
UNIT 54
MIRAMAR FL 33023**

Mailing Address

**7100-39 FAIRWAY DR.
#206
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

22-3876718

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARNETT, CHARLES D
8412 NATIVE DANCER ROAD
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

MAY, MARK R.

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

4512 N FLAGLER DR., STE 201

City

WEST PALM BEACH

FL

Zip Code

33407

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

[Signature] **4/19/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MAY, MARK**
STREET ADDRESS **7100-39 FAIRWAY DRIVE #206**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **SD** ☐ Delete
NAME **KAROSAS, MICHAEL**
STREET ADDRESS **7100-39 FAIRWAY DR. #206**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **TD** ☐ Delete
NAME **CORE, MICHAEL**
STREET ADDRESS **7100-39 FAIRWAY DR. STE 206**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4/19/03 561 835 1790

CR2E037 (10/02)