

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90048 018 ***150.00

DOCUMENT # 405675

1. Entity Name

THE CONDO NEWS, INCORPORATED

Principal Place of Business

~~2000 N FL MANGO ROAD, STE 200 (33409)~~
~~P.O. BOX 109~~
WEST PALM BEACH FL 33402

Mailing Address

~~2000 N FL MANGO ROAD, STE 200 (33409)~~
P.O. BOX 109
WEST PALM BEACH FL 33402



2. Principal Place of Business

3. Mailing Address

2827-EXCHANGE COURT P.O. BOX 109

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

City & State

City & State

WEST PALM BEACH FL

WEST PALM BEACH FL

Zip

Country

Zip

Country

33409

USA

33402

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-1415134

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

TZOUHAS, CATHERINE E
131 SPRINGDALE CIRCLE
PALM SPRINGS FL 33461

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP TZOUHAS, CATHERINE E 131 SPRINGDALE CIR PALM SPRINGS FL 33461	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGLEY, BARBARA 2000 N FLA MANGO RD # 203 WEST PALM BEACH FL 33409	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

332 NORTH "E" STREET
LAKE WORTH, FL 33460

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

CATHERINE E. TZOUHAS
President

Date

Daytime Phone #

1-24-02 561-471-0329

CR2E034 (9/01)