

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90360 021 ***150.00

A0070781

DO NOT WRITE IN THIS SPACE

DOCUMENT # 458227

1. Entity Name
 EPSTEIN REALTY ON THE PARK, INC.

Principal Place of Business 1515 N. Federal Hwy Suite 300 Boca Raton Fl 33432 US	Mailing Address 1515 N. Federal Hwy Suite 300 Boca Raton Fl 33432 US
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2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 59-1613362

Applied For
 Not Applicable

Zip **Country** **Zip** **Country**

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

EPSTEIN, KATHRYN LOUISE
 SUITE 300
 1515 N. Federal Highway
 Boca Raton, Fl 33432

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.

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, 2001. Fee will be \$550.00
Make Check Payable to Department of State

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

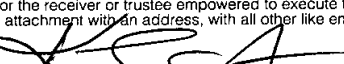
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD NAME Epstein, Kathryn Louise STREET ADDRESS 1515 N. Federal Hwy, Suite 300 CITY-ST-ZIP Boca Raton, Fl 33432	<input type="checkbox"/> Delete
TITLE S NAME Epstein, Kathryn Louise STREET ADDRESS 1515 N. Federal Hwy, Suite 300 CITY-ST-ZIP Boca Raton, Fl 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete
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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:  **Kathryn Louise Epstein, Pres.** **4/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)