2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **597609** 1. Entity Name FOXE CHASE DEVELOPMENT CORPORATION 04-24-2000 90042 045 ***150.00 Principal Place of Business Mailing Address 4422 GERMANTOWN RD 4422 GERMANTOWN RD DELRAY BCH FL 33445 DELRAY BCH FL 33445-6751 2. Principal Place of Business 3. Mailing Address 100 E. LINTON BLVD 100 E. LINTON BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 408B SUITE 408B Applied For City & State City & State 4. FEI Number 59-1867677 DELRAY BEACH, FLORIDA Not Applicable DELRAY BEACH, FLORIDA Country Country \$8.75 Additional 5. Certificate of Status Desired PALM BEACH 33483-3343 Fee Required PALM BEACH 33483-3343 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIULIANO, E.P. Street Address (P.O. Box Number is Not Acceptable) DELRAY BCH FL: \$2445x 33483-3343 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD X Change ☐ Addition TITLE TITLE Delete GIULIANO, E.P. NAME NAME 4422 GERMANTOWN ROAD STREET ADDRESS 100 E. LINTON BLVD., SUITE 408B STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-ZIP DELRAY BEACH, FL 33483-3343 🐴 Change ☐ Addition TITLE TITLE ☐ Delete GIULIANO, CATHERINE NAME NAME 4422 GERMANTOWN ROAD 100 E. LINTON BLVD., SUITE 408B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483-3343 CITY-ST-ZIP DELRAY BEACH FL ___ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITI F ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

CATHERINE GIULIANO

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: