

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90703 016 ***150.00

DOCUMENT # 645287
1. Entity Name 645287 CONN. GENERAL DEVELOPMENT CORP.

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2. Principal Place of Business 7600 U.S. #1 Suite, Apt. #, etc.	3. Mailing Address 7600 U.S. #1 Suite, Apt. #, etc.
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City & State Micco, Florida	City & State Micco, Florida
Zip 32976	Zip 32976
Country USA	Country USA

4. FEI Number 59-2023942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name VICTORIA DORADO	
Street Address (P.O. Box Number is Not Acceptable) 2716 Whistler Street	
City W. Melbourne	FL Zip Code 32904

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, GOULD, PAUL 1710 Ocean Street Santa Cruz, CA 95060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOULD, ROBERT L. 10 Wrabel Cir Unit 507J Monroe, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROTH, JOAN G. 172 Dean Rd Brookline, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES SILKOFF, CHERYL G. 93 Deepwood Road Easton, CT 06612
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Paul Gould** **4/4/02** **561 664-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)