

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90020 033 ****61.25

DOCUMENT # 710549

1. Entity Name

TIFFANY GARDENS EAST, INC.

Principal Place of Business

INTEGRITY PROP MGT., INC.
953 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071
US

Mailing Address

INTEGRITY PROP MGT., INC.
P.O. BOX 8726
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1307712

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

WHITTLE, CYNTHIA G
C/O INTEGRITY PROPERTY MANAGEMENT
953 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
 NAME **LEVIN, JOHN L**
 STREET ADDRESS **1610 N OCEAN BLVD, #902**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE **PD** ☐ Delete
 NAME **ZUCCARO, ALBERT**
 STREET ADDRESS **1600 NO OCEAN BLVD APT 505**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE **VD** ☐ Delete
 NAME **BOZZI, ELENA**
 STREET ADDRESS **1610 N OCEAN BLVD**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE **SD** ☒ Delete
 NAME **BLACKWELL, JOHN**
 STREET ADDRESS **1610 N OCEAN BLVD**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
 NAME **Ralph Hansen**
 STREET ADDRESS **1610 N. Ocean**
 CITY-ST-ZIP **Pompano Beach, Fla**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
 NAME **Bud Nofs**
 STREET ADDRESS **1610 N. Ocean Blvd**
 CITY-ST-ZIP **Pompano Beach, Fla 33062**

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]

4/15/01 054-346-0677

CR2E037 (10/00)