2002 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2002 8:00 am Secretary of State DOCUMENT # **740919** 1. Entity Name 04-04-2002 90003 020 ****61.25 FALCON APARTMENTS, INC. Principal Place of Business Mailing Address 3435 LAKE WORTH RD 35 KAKE WORTH RD VÆ WORTH FL 33461 LAKE WORTH FL 33461 US 2. Principal Place of Business 3. Mailing Address 1001 S. 601 S. Federa DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1976720 Not Applicable ake. ce Wor Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 3460 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ISABELL, SANDRA M. 3435 LAKE WORTH RD LAKE WORTH FL 33461 Zip Code FL 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 1.7 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **X** Addition TITLE VPD ··* □ Detete TITLE mike Baver NAME NAME CLEMENT, KEVIN 301 W. Ocean Ave #6 STREET ADDRESS STREET ADDRESS 301 W. OCEAN AVE #24 CITY-ST-ZIP CITY-ST-ZIP Lantana FL 33462 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME CLEMENT, CONNIE NAME STREET ADDRESS STREET ADDRESS 301 W. OCEAN AVE #24 CITY-ST-ZIP CITY-ST-7IP <u> Antana FL 33462</u> Change ☐ Addition ☐ Delete TITLE TITLE NAME STAGLIANO, VITO NAME STREET ADDRESS STREET ADDRESS 301 W OCEAN AVE CITY-ST-ZIP CITY-ST-ZIP LANTANA FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME SPINELLA, MARJORIE STREET ADDRESS STREET ADDRESS 3887 ISLAND CLUB WEST CITY-ST-ZIP CITY-ST-ZIP LANTANA FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME ERNST, JOYCE STREET ADDRESS STREET ADDRESS 301 W, OCEAN AVE #5 CITY-ST-ZIP CITY-ST-ZIP Lantana FL 33462 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/0₂

Daytime Phone #