

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750090

1. Entity Name

CENTRAL INDUSTRIAL PARK, NORTH ASSOCIATION, INC.

Principal Place of Business

3570 CONSUMER ST.  
UNIT 7  
RIVIERA BEACH FL 33404-1740

Mailing Address

3570 CONSUMER ST.  
UNIT 7  
RIVIERA BEACH FL 33404-1740

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2171071

Applied For

Not Applicable

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

JOHANSEN, L.E.  
3570 CONSUMER ST.  
RIVIERA BCH. FL 33404

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

TITLE NAME ☐ Delete

PD  
JOHANSEN, L.E.  
3570 CONSUMER ST.  
RIVIERA BCH. FL

TITLE NAME ☐ Delete

VD  
MENG, PHILIP G.  
8395 GARDEN ST.  
RIVIERA BCH. FL

TITLE NAME ☐ Delete

D  
WOOD, MICHAEL  
3592 PROSPECT AVENUE  
WEST PALM BEACH FL 33404

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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:

*L.E. JOHANSEN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 31, 2002 8:00 am  
Secretary of State

01-31-2002 90086 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)