

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90142 038 ***150.00

0573459 AT

DOCUMENT # F70415

1. Entity Name

CAMINO REAL DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**46 VILLAGE RD
 CLIFTON NJ 07013**

**46 VILLAGE RD
 CLIFTON NJ 07013**

2. Principal Place of Business

P.O. Box 4702

3. Mailing Address

P.O. Box 4702

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLIFTON N.J.

City & State

CLIFTON, N.J.

4. FEI Number

59-2174812

Applied For

Not Applicable

Zip

07015-4702

Country

USA

Zip

07015-4702

Country

USA

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

**SMITH (BILL T.), JR.
 1650 S. DIXIE HWY.
 BOCA RATON FL 33432**

Name

BILL T. SMITH, Jr.

Street Address (P.O. Box Number is Not Acceptable)

980 North Federal Highway

Suite 402

City

Boca Raton

FL

Zip Code

33432

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

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **WITMER, LINDA**
 STREET ADDRESS **50 EDWARDS RD**
 CITY-ST-ZIP **CLIFTON NJ 07013**

TITLE **STD** ☒ Change ☐ Addition
 NAME **PAOLUCCI, DEAN**
 STREET ADDRESS **71 COUNTRY LANE**
 CITY-ST-ZIP **CLIFTON, NJ 07013**

TITLE **STD** ☐ Delete
 NAME **PAOLUCCI, DEAN**
 STREET ADDRESS **71 COUNTRY LN**
 CITY-ST-ZIP **CLIFTON NJ 07013**

TITLE **PD** ☒ Change ☐ Addition
 NAME **PAOLUCCI, DEAN**
 STREET ADDRESS **71 COUNTRY LANE**
 CITY-ST-ZIP **CLIFTON, NJ 07013**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 Block 12 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

Date

Daytime Phone #

CR2E034 (9/01)