2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am J01575 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90140 021 ***150 00 MALL PROMENADE, INC. Principal Place of Business Mailing Address % CHARLES N. PARISI % CHARLES N. PARISI 50 BEACH ROAD APT. 201 50 BEACH ROAD APT. 201 TEQUESTA FL 33469-3533 **TEQUESTA FL 33469-3533** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2659049 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name M: CHAEL FARINA **BLAKISTON. HENRY** Street Address (P.O. Box Number is Not Acceptable) HAAS BUILDING, SUITE 600 1001 US HIGHWAY ONE JUPITER FL 33477 ROURS/A 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. FILE NOW!!! FEE.4S \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Addition ☐ Delete TITLE Change PARISI. CHARLES N., SR. NAME NAME STREET ADDRESS 50 BEACH RD #201 STREET ADDRESS CITY-ST-ZIP TEQUESTA FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition D TITLE NAME PARISI, ANNE E. NAME STREET ADDRESS STREET ADDRESS 50 BEACH RD #201 CITY-ST-ZIP TEQUESTA FL CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME PARISI, CHARLES N., JR. NAME STREET ADDRESS 50 BEACH RD #201 STREET ADDRESS CITY-ST-7IP TEQUESTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

MICHARLES N. PARISI Sx 3/4/02 (561)744-6027

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