

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K43714

1. Entity Name
V.F. LONGBOAT KEY IV, INC.



FILED

03 APR 25 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
BROAD & CASSEL
7777 GLADES ROAD #300
BOCA RATON FL 33434
US

Mailing Address
BROAD & CASSEL
7777 GLADES ROAD #300
BOCA RATON FL 33434
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 65-0128273
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEUTCH, JEFFREY
BROAD & CASSEL
7777 GLADES ROAD #300
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDS	POMERANTZ, SAUL	8600 DECARIE BLVD, SUITE 200	TOWN OF MOUNT ROYAL QC	<input checked="" type="checkbox"/>
TVD	GATTINGER, FRANKLIN J.	8600 DECARIE BLVD, SUITE 200	TOWN OF MOUNT ROYAL QC	<input type="checkbox"/>
ASD	ESPOSITO, RAPHAEL JR	8600 DECARIE #200	MT ROYAL, QC, CANADA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	POMERANTZ, ALICE	8600 DECARIE BLVD, SUITE 200	TOWN OF MOUNT ROYAL, QC H4P 2N2	<input type="checkbox"/>
CEO, D, S	POMERANTZ, TERRY	8600 DECARIE BLVD., SUITE 200	TOWN OF MOUNT ROYAL, QC H4P 2N2	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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05/07/03--01102--001 **\$5000.00

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: SIGNATURE OF RAPHAEL ESPOSITO JR. 2003-04-07 (514) 341-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

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