

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91459 019 ***150.00

0197279 AV

DOCUMENT # K68676

1. Entity Name
DOWNTOWN SQUARE, INC.



Principal Place of Business
**150 S.W. 12TH AVE.
SECOND FLOOR
POMPANO BEACH FL 33069**

Mailing Address
**150 S.W. 12TH AVE.
SECOND FLOOR
POMPANO BEACH FL 33069**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0107625**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JASON UNGER
301 S. BRONOUGH ST.
#600
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **PAMELA MIDDLEBROOKS**
Street Address (P.O. Box Number is Not Acceptable)
150 SW 12th Ave
Ste. 200
City **Pompano Bch** FL Zip Code **33069**

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 *PAMELA MIDDLEBROOKS*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
NAME **BERNSTEIN, ROBERT**
STREET ADDRESS **150 S ANDREWS AVE #200**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DVS**
NAME **BEEBE, JOHN**
STREET ADDRESS **150 S ANDREWS AVE., #200**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

☐ Delete

TITLE **D,T,S**
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **DT**
NAME **STUART BERNSTEIN**
STREET ADDRESS **150 S ANDREWS AVE #200**
CITY-ST-ZIP **POMPANO BCH FL 33069**

☒ Delete

TITLE **PAMELA MIDDLEBROOKS, VP**
NAME **150 SW 12th Ave**
STREET ADDRESS **Ste 200**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP

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☐ 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 607, 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:

JOHN BEEBE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

954-785-5538

Date

Daytime Phone #

CF2E034 (10/02)