

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90004 023 \*\*\*558.75

0135483 AT

**DOCUMENT # L79940**

1. Entity Name  
**WEST PALM BEACH, FLA., COMMERCIAL PROPERTIES DEV** LN

|  |  |
|--|--|
| Principal Place of Business<br>P.O. BOX 1693<br>BATON ROUGE LA 70821 | Mailing Address<br>P.O. BOX 1693<br>BATON ROUGE LA 70821 |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><b>COHEN, FRED C</b><br><b>712 U.S. HIGHWAY 1</b><br><b>SUITE 400</b><br><b>NORTH PALM BEACH FL 33408</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After September 12, 2001 Fee will be \$750.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b> <input checked="" type="checkbox"/> Delete<br><b>MARVIN, WILBUR</b><br><b>P. O. BOX 1693 N/A</b><br><b>BATON ROUGE LA</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Chairman/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Ben R. Miller, Jr.</b><br><b>P. O. Box 3513</b><br><b>Baton Rouge, La. 70821-3513</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CFO</b> <input type="checkbox"/> Delete<br><b>BERMUDEZ, GUILLERMO</b><br><b>1906 BEAUMONT DR</b><br><b>BATON ROUGE LA</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>John G. Davies</b><br><b>406 North 4th Street</b><br><b>Baton Rouge, Louisiana 70802</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Chief Executive Officer/Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Guillermo Bermudez</b><br><b>P. O. Box 1693</b><br><b>Baton Rouge, La. 70821-1693</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Deborah Travis</b><br><b>P. O. Box 1693</b><br><b>Baton Rouge, Louisiana 70821-1693</b>                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Bonnie Keibler</b><br><b>P. O. Box 1693</b><br><b>Baton Rouge, La. 70821-1693</b>                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 807, 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 REQUIRED** *Guillermo Bermudez* **7/18/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)