

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90091 007 ***150.00

DOCUMENT # L93502

1. Entity Name
INTERFACE REALTY CORPORATION, INC.

Principal Place of Business

**1200 N FEDERAL HWY
 #200
 BOCA RATON FL 33432
 US**

Mailing Address

**1200 N FEDERAL HWY
 #200
 BOCA RATON FL 33432
 US**

2. Principal Place of Business

**2300 GLADES RD
 Suite, Apt. #, etc.
 230W**

BOCA RATON FL

Zip 33431 Country USA

3. Mailing Address

**2300 GLADES RD
 Suite, Apt. #, etc.
 230W**

BOCA RATON FL

Zip 33431 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0250622**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOODMAN, KENNETH J.
 1200 NORTH FEDERAL HWY
 SUITE 200
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **KENNETH J. GOODMAN**
 Street Address (P.O. Box Number is Not Acceptable)
**2300 GLADES RD
 #230W**
 City **BOCA RATON** FL Zip Code **33431**

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]

PRESIDENT

1/31/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, DANIEL R.	
STREET ADDRESS	1200 NORTH FEDERAL HWY #200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, CAROL A.	
STREET ADDRESS	1200 NORTH FEDERAL HWY #200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOODMAN, KENNETH J	
STREET ADDRESS	1200 NORTH FEDERAL HWY #200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **Kenneth Goodman**

1/14/02

**750-5260
 561-4488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)