

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95827

1. Entity Name

UNIVERSITY SUNSHINE PROPERTIES, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90023 001 ***150.00

0190071

C0040153



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1428 BRICKELL AVE STE 105 MIAMI FL 33131 US		Mailing Address % ERNEST M HALPRYN 1428 BRICKELL AVE. STE 105 MIAMI FL 33131 US		<div style="font-size: 24px; font-weight: bold;">C0040153</div> <p>DO NOT WRITE IN THIS SPACE</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1933166	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HALPRYN ERNEST M 1428 BRICKELL AVE STE 105 MIAMI FL 33131				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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISBERG, ALAN JAY		NAME		
STREET ADDRESS	1428 BRICKELL AVE, STE 105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALPRYN, ERNEST M.		NAME		
STREET ADDRESS	1428 BRICKELL AVE, STE 105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEVECCHI, JOHN		NAME		
STREET ADDRESS	1428 BRICKELL AVE, STE 105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LABIANCA, PHILIP		NAME	TREASURER / DIRECTOR	
STREET ADDRESS	1428 BRICKELL AVE, STE 105		STREET ADDRESS	LABIANCA, PHILIP	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	1428 BRICKELL AVE, STE 105	
				MIAMI FL 33131-3409	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOERNER, JUDITH A		NAME	SECRETARY / VP	
STREET ADDRESS	1428 BRICKELL AVE #105		STREET ADDRESS	HOERNER, JUDITH A.	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	1428 BRICKELL AVE, STE 105	
				MIAMI FL 33131-3409	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ERNEST M. HALPRYN		MARCH 20, 2001		(305) 371-4112	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E034 (10/00)