2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90886 030 ****61.25

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DOCUMENT # N00000002329

1. Entity Name

16TH AVENUE TOWNHOUSES, INC.

Principal Place of Business	Mailing Address
1255 W. ATLANTIC BLVD.. OFFICE F-2 POMPANO BCH FL 33069	1255 W. ATLANTIC BLVD.. OFFICE F-2 POMPANO BCH FL 33069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1255 W. Atlantic Blvd	1255 W. Atlantic Blvd
Suite, Apt. #, etc.: Office 314	Suite, Apt. #, etc.: Office 314
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33069 Country: USA	Zip: 33069 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEIGHLEY, ADAM S 1255 W. ATLANTIC BLVD., OFFICE F-2 POMPANO BCH FL 33069	Name: Adam Beighley Street Address (P.O. Box Number is Not Acceptable): 1255 W. Atlantic Blvd Office 314 City: Pompano Beach FL Zip Code: 33669

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MYRICK, EDWARD L JR 1255 W ATLANTIC BLVD F-2 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MYRICK, JAMES 1255 W ATLANTIC BLVD F-2 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BEIGHLEN, ADAM 1255 W ATLANTIC BLVD F-2 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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 617, 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: [signature] ADAM BEIGHLEY 3-15-02 954-784-3288