

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90391 023 \*\*\*\*61.25

**DOCUMENT # N03506**

1. Entity Name

**THE PORT MALABAR INTERCHANGE MASTER ASSOC, INC.**

Principal Place of Business <b>4800 N FEDERAL HIGHWAY SUITE 105E BOCA RATON, FL 33431</b>	Mailing Address <b>4800 N FEDERAL HIGHWAY SUITE 105E BOCA RATON, FL 33431</b>
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2. Principal Place of Business <b>13790 NW 4TH STREET</b>	3. Mailing Address <b>13790 NW 4TH STREET</b>
Suite, Apt. #, etc. <b>SUITE 113</b>	Suite, Apt. #, etc. <b>SUITE 113</b>

City & State <b>SUNRISE, FL</b>	City & State <b>SUNRISE, FL</b>
Zip <b>33325</b>	Zip <b>33325</b>
Country	Country

4. FEI Number <b>59-2463929</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**A0068328**

6. Name and Address of Current Registered Agent  <b>GRAGG, LAWRENCE K. 200 S BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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	<b>DV GOLDIN, AMY 4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV GOLDIN, AMY 965 N. NOB HILL RD #208 PLANTATION, FL 33324</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVS CARBAUGH, KAREY 4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVS MARTIN, CINDY 13790 NW 4TH ST, STE 113 SUNRISE, FL 33325</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD ACKERMAN, RICHARD 4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDT AHERN, PATRICK M. C/O AHERN, 2 GREENWICH PLAZA GREENWICH, CT 06830</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]*

**AMY GOLDIN**

**4/26/01**

**954-915-6949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #