

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21237

1. Entity Name

MURDOCK PARK OF COMMERCE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13790 NW 4TH STREET
SUITE 113
SUNRISE FL 33325

13790 NW 4TH STREET
SUITE 113
SUNRISE FL 33325

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 59-2816103

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

GRAGG, LAWRENCE K
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131-2310

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

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 DV
NAME GOLDIN, AMY H
STREET ADDRESS 965 N NOB HILL ROAD, #208
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE D/P
NAME GOLDIN, AMY H.
STREET ADDRESS 965 N NOB HILL RD, #208
CITY-ST-ZIP PLANTATION, FL 33324 ☒ Change ☐ Addition

TITLE DVS
NAME MARTIN, CINDY
STREET ADDRESS 13790 NW 4TH STREET, SUITE 113
CITY-ST-ZIP SUNRISE FL 33325 ☒ Delete

TITLE D/V/S/T
NAME GIBLIN, E.M., JR.
STREET ADDRESS 13790 NW 4TH ST, STE 113
CITY-ST-ZIP SUNRISE, FL 33325 ☐ Change ☒ Addition

TITLE PDT
NAME AHERN, PATRICK M
STREET ADDRESS C/O AHERN, 2 GREENWICH PLAZA
CITY-ST-ZIP GREENWICH CT 06830 ☒ Delete

TITLE D
NAME MILLER, ANDREA
STREET ADDRESS 13790 NW 4TH ST, STE 113
CITY-ST-ZIP SUNRISE, FL 33325 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 OF REGISTERED AGENT, Jr.

4/29/02

(954)838-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90029 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)