2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State
03-04-2002 90006 019 ****70.00

DOCUMENT # N94000004926

1. Entity Name

CYPRESS PLACE, INC.

Principal Place of Business	Mailing Address
2560 N. STATE RD 7 HOLLYWOOD FL 33021	2560 N. STATE RD 7 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

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 65-0480744 ☐ 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
GINSBERG, YVONNE 3121 N.52 AVENUE HOLLYWOOD FL 33024	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRIFFIN, JOSEPH 1600 S.W. 9 ST. FT. LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Wesolowsky 401 N.W. 2 AVE S. 526 MIAMI FLA 33129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STAR, ROBIN M 9788 N.W. 15 ST. PEMBROKE PINES FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOAN HINDEN 9708 Malvern Dr Tamarac Fla 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOOD, BARBARA 2224 S.E. 20 ST. FT. LAUDERDALE FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARLENE KAPLAN P.O. Box 840939 Pomb Pines Fla 33084	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EISNER, ANN M 7330 LA RESERVE CIRCLE TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBSON, JAMES 17600 N.W. 9 PL. MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GURLAND, CAROLINE A 4401 N. HILLS DR. HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED Yvonne Ginsberg 2-17-02 954-985-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #