

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90215 024 ***150.00

DOCUMENT # P00000064558

1. Entity Name
PRESIDENTIAL CAPITAL PARTNERS GP, INC.



Principal Place of Business
8151 PETERS ROAD
SUITE 3300
PLANTATION FL 33324

Mailing Address
8151 PETERS ROAD
SUITE 3300
PLANTATION FL 33324



2. Principal Place of Business

1200 S. Pine Island Rd.

Suite, Apt. #, etc.

Suite #200

City & State

Plantation, FL.

Zip

33324

Country

USA.

3. Mailing Address

1200 S. Pine Island Rd.

Suite, Apt. #, etc.

Suite #200

City & State

Plantation, FL.

Zip

33324

Country

USA.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1027942**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONDRE, RICHARD D
8151 PETERS ROAD
SUITE 3300
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road, Ste #200

City *Plantation* **FL** Zip Code *33324*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R. Mondre

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GORDON, MARK J**
STREET ADDRESS **8151 PETERS ROAD SUITE 3300**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
NAME **EPSTEIN, DAVID L**
STREET ADDRESS **8151 PETERS ROAD SUITE 3300**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
NAME **MONDRE, RICHARD D**
STREET ADDRESS **8151 PETERS ROAD SUITE 3300**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *1200 S. Pine Island Rd.* ☒ Change ☐ Addition
NAME *Suite #200*
STREET ADDRESS *Plantation, FL 33324*
CITY-ST-ZIP

TITLE *Same as above* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Same as above* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 607, 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 REPRODUCED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)