2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000067742

CENTRAL PARK REALTY COMMERCIAL CORPORATION

Principal Place of Business

Mailing Address

4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY EL 34228

4134 GULF OF MEXICO DRIVE SUITE 302

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90031 005 ***150.00

LONGDOM: NET PE 34220			9 2 5 8 4 6	
2. Principal Place of Business 850 South Tamain Tail		3. Mailing Address 850 South Termiani Trail		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	waste H	City & State	T	4. FEI Number Applied For Not Applicable
34936 Sib	Country	34736	Country 434	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRYANS, ROSS 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228 8. The above named entity submits this statement for the purpose of changing its registers				7. Name and Address of New Registered Agent BRYANS Ess (P.O. Box Number is Not Acceptable). South Turniann Lip Code Sistered agent or both, in the State of Florida
SIGNATURE Signature, typed of privided name of registored agent and ATE if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYANS, ROSS 4134 GULF OF MEXICO DRIVE S LONGBOAT KEY FL 34228	☐ Delete		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Defrange Addition Reas South Tomicomi trail, Clubbouse Saraboum & 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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
13. 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 Justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED DE PRINTED NAMEDO SIGNATURE OR DIRECTOR				