JAN 2 9 2001 (Sul) 430-5055

Date Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086625 1. Entity Name GLENDALE PARKING EQUITY CORPORATION					Secretary of State 02-07-2001 90195 023 ***150.00			
Principal Place of Business 222 LAKEVIEW AVENUE. 17TH FLOOR WEST PALM BEACH FL 33401		Mailing Address 222 LAKEVIEW AVENUE, 17TH FLOOR WEST PALM BEACH FL 33401			UUU15228			
_	Place of Business	3. Mailing Address Gordons Comorata Conton		-	DO NOT WRITE IN THIS SPACE			
Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410		Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410		-	1. FEI Number 04 2906 5. Certificate of Status Desired	<u> </u>		
6. Name and Address of Current Registered Agent				7	. Name and Address of New Regi			
REGSERV CORP. 222 LAKEVIEW AVENUE, 17TH FLOOR WEST PALM BEACH FL 33401			Garde 3801 I Palm l	EGSERV CORP. ardens Corporate Center 301 PGA Boulevard, Suite 555 alm Beach Gardens, FL 33410 Zip Code				
8. The abov	REGSERV CORP. By: Lawrence J. Diamond, Vice	President FILE NOW!!!	Agent signatu	re required who		DATE		
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Make Check Payable to			Fee will be \$5 to Department	50.00 of State	10. Election Campaign Financ Trust Fund Contribution.	☐ Added	May Be I to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENDINA, BRUCE A 222 LAKEVIEW AVENUE, 17TH FLI WEST PALM BEACH FL 33401	☐ Delete	STREET ADDRESS	Bruce A. F Gardens C 3801 PGA		RS AND DIRECTOR:	S IN 11 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	Patrick J. I Gardens C 3801 PGA		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3801 PG/ Palm Beac		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gardens (3801 PG/	Strachan Corporate Center A Boulevard, Suite 555 ch Gardens, FL 33410	☐ 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	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my sered to execute this report as	signature shall hi	ave the sar	ne legal effect as if made under oath	n that I am an officer	or director I	

Patrick J. DiSalvo

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORVICE President