

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000092399

1. Entity Name

BOYNTON BEACH R/E ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

905 N. RAILROAD AVE

Suite, Apt. #, etc.

STE # 2

City & State

BOYNTON BEACH, FL

Zip

33435

Country

USA

3. Mailing Address

6971 N. FEDERAL HWY.

Suite, Apt. #, etc.

STE 300

City & State

BOCA RATON, FL

Zip

33487

Country

USA

4. FEI Number

65-1045586

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

Name

MICHAEL A. CARUSO

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

6971 N. FEDERAL HWY

STE 300

City

BOCA RATON

FL

Zip Code

33487

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]

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

(NOTE: Registered Agent signature required when reinstating)

2-7-01

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.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT, DIRECTOR ☒ Delete
NAME ROBERT ROBINSON
STREET ADDRESS 905 N. RAILROAD AVE #2
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE PRESIDENT, DIRECTOR ☐ Change ☒ Addition
NAME ANDREW H. COHEN
STREET ADDRESS 905 N. RAILROAD AVE. #2
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 trustee 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01

Date

561-736-5485

Daytime Phone #

A0024950

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)