2002	UNIFOR	RM BUSIN	NESS REPO	RT (UBF	?)	08-və f 2 <u>)</u> Ü	P00000108009		
DOCUMENT # P00000108009 1. Entity Name						02 AUG 21 PM 3: 15			
J.C. DENIRO VEROMAR PROPERTY, INC.					1	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Plac 400 E LINTON SUITE G-3	I BLVD.		Mailing Address 400 E LINTON BLVD. SUITE G-3			MEMINASS	E, FLUHIDA		
DELRAY BEAC			DELRAY BEACH FL 33483						
2. Principal Place of Business 822 E. Atlantic Avenue Suita, Apt. #, etc.			3. Mailing Address 822 E. Atlantic Avenue Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Delray, Beach, FL			City & State Delray Beach, FL		4. F	El Number 65-10-775	661 Ap	oplied For of Applicable	
Zip * 33483	Cour	itry ISA	^{Zip} 33483	Country USA			S8.75 Add Fee Require		
	6. Name and Ad	dress of Current Re	gistered Agent		7. N	ame and Address of New Regis	stered Agent		
WLIMOE, WILLIAM H 400 E LINTON BLVD. SUITE G-3				. Street A	John C. DeNiro Street Address (P.O. Box Number is Not Acceptable) 822 E. Atlantic Avenue				
DELRAY BEACH FL 33483					lray Be		FL Zip Code 3348	3	
	ions of egistered ag			egistered office of			DATE	and accept	
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 \$ After September 13, 2002 Fee w Make Check Payable to Depart				2002 Fee will b	e \$750.00	10. Election Campaign Financ Trust Fund Contribution.		May Be to Fees	
11.	100	OFFICERS AND DI		12.		DITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSTERNACK, C 400 E LINTON B DELRAY BEACH	LVD.	₹ Coelete	NAME STREET ADDRESS CITY-ST-ZIP	822 E. Delray	DeNiro Atlantic Avenue Beach, FL 33483 ent, Secretary, Tr	XXChange	Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILMOE, WILLIA 400 E LINTON B DELRAY BEACH	M LVD.	KXDelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIESTU	enc, secretary, in	☐ Change	Addition C	
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-SI-ZIP			☐ Change	Addition	
TITLE NAME STREET ADORESS			☐ Delete	TITLE NAME			☐ Change	Addition	
CITY-ST-ZIP	,	·	•	STREET ADDRESS City-St-Zip					

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 receivery 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.

CITY-ST-ZIP