

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-28-2002 91715 035 ***150.00

DOCUMENT # P01000002486

1. Entity Name
FALLING WATERS, INC.

Principal Place of Business
**700 S. FEDERAL HIGHWAY
 SUITE 200
 BOCA RATON FL 33432**

Mailing Address
**700 S. FEDERAL HIGHWAY
 SUITE 200
 BOCA RATON FL 33432**

94899



2. Principal Place of Business
6800 Glades Rd
 Suite, Apt. #, etc.

3. Mailing Address
2883 Waterford Dr North
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL
 Zip
33431

City & State
Deerfield Beach, FL
 Zip
33442

4. FEI Number
651049484

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GARLEK, STEVEN
 700 S. FEDERAL HIGHWAY
 SUITE 200
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **Sheila Gross**
 Street Address (P.O. Box Number is Not Acceptable)
2883 Waterford Dr North
 City **Deerfield Beach FL** Zip Code **33442**

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 **Sheila Gross**

DATE **5/1/02**

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, 2002 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

TITLE pres	NAME Sheila Gross	<input type="checkbox"/> Delete
STREET ADDRESS 2883 Waterford Dr No		
CITY-ST-ZIP Deerfield Beach, FL 33442		
TITLE Secy	NAME same	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE Treas	NAME same	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Sheila Gross**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **5/1/02**

Daytime Phone #

CR2E034 (9/01)