

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90151 037 \*\*\*150.00

CR20034

**DOCUMENT #** P01000030005

**1. Entity Name**  
KINGS POINT REALTY CORP.



**Principal Place of Business**  
421 SAXONY WAY  
DELRAY BEACH FL 33446

**Mailing Address**  
421 SAXONY WAY  
DELRAY BEACH FL 33446

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** 04-3617985

Applied For  
 Not Applicable

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

10004016



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

KORMAN, MURRAY  
421 SAXONY WAY  
DELRAY BEACH FL 33446

**7. Name and Address of New Registered Agent**

Name

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

City

FL Zip Code

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	KORMAN, MURRAY	
STREET ADDRESS	421 SAXONY WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	V	<input type="checkbox"/> Delete
NAME	JARAMILLO, SUSAN	
STREET ADDRESS	9749B BOCA GARDENS PKWY.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KORMAN, ELAINE	
STREET ADDRESS	421 SAXONY WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **SIGNATURE REQUIRED**

4/7/03 561-637-4354

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR20034 (10/02)