

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-01-2002 91490 013 ***150.00

DOCUMENT # P01000031766

1. Entity Name

CITI PROPERTIES, INC.

Principal Place of Business

319 CLEMATIS STREET
SUITE 118
WEST PALM BEACH FL 33401

Mailing Address

319 CLEMATIS STREET
SUITE 118
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1110628

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARONSON, CAROLE
WEINER & ARONSON, P.A.
102 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

PSD
BERIRO, DEBORAH ☐ Delete
319 CLEMATIS STREET SUITE 118
WEST PALM BEACH FL 33401
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah Beriro

Date

Daytime Phone #

CR2E034 (9/01)