## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000052471

City-St-Zip:

Entity Name: PARADISIO AT BOCA RATON, INC.

FILED Apr 09, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4000 N FEDERAL HWY, SUITE 201 BOCA RATON, FL 3331				3839 NW BOCA RATON BLVD. SUITE 100-A BOCA RATON, FL 33431			
Current Mailing Address:				New Mailing Address:			
4000 N FEDERAL HWY, SUITE 201 BOCA RATON, FL 3331				3839 NW BOCA RATON BLVD. SUITE 100-A BOCA RATON, FL 33431			
FEI Number:	64-1113736	FEI Number Applied For ( )	FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LEVINE, JEFFREY A 4000 N FEDERAL HWY, SUITE 201 BOCA RATON, FL 3331				LEVINE, JEFFREY A 4000 N FEDERAL HWY, SUITE 201 BOCA RATON, FL 33431			
The above in the State		submits this statement for the	purpose o	of changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE:				04/09/2002			
Electronic Signature of Registered Agent				Date			
		satisfy its Intangible Tax filing red Trust Fund Contribution ( ).	quirement a	and elects to c	lo so (X).		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LEVINE, JEFFR	AL HWY, SUITE 201		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition ROBERT J SOCA RATON BLVD. SUITE 100-A ON, FL 33431	
Title: Name: Address:	( )	Delete		Title: Name: Address:	VPSD GORDON, 3839 NW B	()Change(X)Addition GARY SOCA RATON BLVD. SUITE 100-A	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

BOCA RATON, FL 33431

SIGNATURE: ROBERT GORDON PD 04/09/2002