FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
03-18-2002 90070 026 ***150.00
05-14-2002 90068 017 ***150.00

DOCUMENT # P01000072227

1. Entity Name
BOYNTON REALTY INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1301 W. Boynton Beach Blvd	Same
Suite, Apt. #, etc.: O-I	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State
Zip: 33426 Country: US	Zip / Country

4. FEI Number: 59-3743482 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BRIAN RUSSO

Street Address (P.O. Box Number is Not Acceptable): 9716 COLOCASIA WAY

City: BOYNTON BEACH FL Zip Code: 33436

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 _____ 4/24/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	BRIAN RUSSO	NAME	
STREET ADDRESS	9716 COLOCASIA WAY	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	JOSEAH FISCHER	NAME	
STREET ADDRESS	9873 LAWRENCE Rd K204	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	GARY CORUNO	NAME	
STREET ADDRESS	3245 SANTA BARBARA DR	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FC 33414	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/24/02 561-880-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #