

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90007 001 \*\*\*150.00

**DOCUMENT # P01000107894**

1. Entity Name  
**UPTOWN REALTY INC.**

Principal Place of Business  
**931 VILLAGE BLVD.**  
**#905-350**  
**WEST PALM BEACH FL 33409**

Mailing Address  
**931 VILLAGE BLVD.**  
**#905-350**  
**WEST PALM BEACH FL 33409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**301 Clematis St.**  
 Suite, Apt. #, etc.  
**Suite 3000**

3. Mailing Address  
**301 Clematis St.**  
 Suite, Apt. #, etc.  
**Suite 3000**

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number  
**65-1155865**

Applied For  
 Not Applicable

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INMAN, FRANK**  
**931 VILLAGE BLVD.**  
**#905-350**  
**WEST PALM BEACH FL 33409**

Name  
**FRANK INMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**301 Clematis Street**  
**Suite 3000**  
 City  
**WEST PALM BEACH FL** Zip Code  
**33401**

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 **Frank Inman**

**1-21-02**

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) ☒

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**P/T/S/D/C/M**  
**FRANK INMAN**  
**301 Clematis St, Suite 3000**  
**WEST PALM BEACH, FL 33401**

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:

**Frank Inman**

**1-21-02**

**561 373 9116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)