

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *201000114109*

1. Entity Name
HERON BAY EXECUTIVE SUITES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1900 NW CORP BLVD Suite, Apt. #, etc. STE 400-E City & State BOCA RATON, FL Zip 33431	3. Mailing Address 1900 NW CORP BLVD Suite, Apt. #, etc. STE 400-E City & State BOCA RATON, FL Zip 33431
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DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0005489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DAVID NETBURN
Street Address (P.O. Box Number is Not Acceptable) 9734 W SAMPLE RD
City CORAL SPRINGS
State FL
Zip Code 33065

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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	D HENRI GALEL 1900 NW CORP BLVD STE 400E BOCA RATON, FL 33431
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)