4/15/

FILED

2002 Uniform Business Report (UBR)

May 28, 2002 8:00 am Secretary of State P01000119553 04-15-2002 90024 017 ***150.00 1. Entity Name DEERFIELD PARK DEVELOPERS, INC. Mailing Address Principal Place of Business 6350 N ANDREWS AVE. #100 -6350 N ANDREWS AVE. #100 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City'& State Not Applicable \$8.75 Additional Zip Country Zin Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent__ 6 - Name and Address of Current Registered Agent GERRITS. ANDREW Street Address (P.O. Box Number is Not Acceptable) 6350 N ANDREWS AVE, #100 FT LAUDERDALE FL 33309 Zip Code City 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: Regissered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) ☐ Change ☐ Addition ☐ Delete TITLE NAME FALTERBAUER, HARRY NAME STREET ADDRESS STREET ADDRESS 150 N FEDERAL HWY 2008 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ^{*}□ Addition ☐ Change ☐ Delete TITLÉ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Change Addition ☐ Delete TILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIRE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Harry Fallerbauer

Application for Employer Identification Number

SS-4

(Rev. December 1995)		(For use by employers, corporations, partnerships, trusts, estates, churches,			s, EIN		
(Hev. December 1995) Department of the Treasury		government agencies, certain individuals, and others. See instructions.)				OMB No. 154	5-0003
	ai Revenue Service			for your records.			
i	1 Name of applicant	t (Legal name) (Se	e instructions.)	5 1.00			
خ	Deerfie		- Developer				
clearty	2. Trade name of but	siness (if different	from name on line 1)	3 Executor, trustee, "	care or name		
	4a Mailing address (s	treet address) (ro	om. apt., or suite no.)	5a Business address (fi	different from	address on lines 4a an	id 4b)
print	6350 N.			150 N.	Feclero		JOOB.
5	4b City, state, and Zil		· · · · · · · · · · · · · · · · · · ·	5b City, state, and ZiP	code	C LIVIA 1 TO C	بين ت
type	Ft. Landerdate FL 33309 Ft. Landerdale, FL 3347						
	6 County and state where principal business is located						
Please	Broward County, Florida.						
-	7 Name of principal officer, general partner, grantor, owner, or trustor—35N required (see instructions.)						
ئــــ	Harry_					291	
8a	Type of entity (Check	•	; ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tate (SSN of decedent)_	: :		
	Sole proprietor (SS			an administrator-SSN _ her corporation (specify)			
-	REMIC		· —	ust		cooperative	.
	☐ State/local government		·- ·, —			•	rganization
☐ State/local government ☐ National Guard ☐ Federal Government/military ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ►							
	Other (specify)	Carpara	tran	· · · · · · · · · · · · · · · · · · ·	···		
	If a corporation, name (if applicable) where in		eign country State	lorida	Foreign	country	
			<u> </u>			***	
9	Reason for applying (C		· —	nking purpose (specify)			,
	Started new busine Real Estate		W	anged type of organizat rchased going business		Magori Circan	
	☐ Hired employees	COUCACION		eated a trust (specify)			
				outou a door (opening) -			
	 Created a pension 	plan (specify type	e) >			pecify) 🟲	
10			e) ► day, year) (See instruction	s.) 11 Closi	Other (s	counting year (See inst	tructions.)
	Date business started	or acquired (Mo.,	day, year) (See instruction	s.) 11 Closi	Other (s	counting year (See inst	<u> </u>
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