

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90539 014 \*\*\*150.00

**DOCUMENT # P02000082556**

**1. Entity Name**  
**PRESIDENTIAL PROPERTIES OF SOUTH FLORIDA, INC.**



**Principal Place of Business**  
**225 MIZNER BLVD #300-18**  
**BOCA RATON FL 33432**

**Mailing Address**  
**225 MIZNER BLVD #300-18**  
**BOCA RATON FL 33432**



**2. Principal Place of Business**

**225 Mizner Blvd**

**3. Mailing Address**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

City & State

City & State

**Boca Raton FL**

Zip

Country

Zip

Country

**33432**

**USA**

**4. FEI Number**

**33-1017577**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**NEWMAN, ANDREW**  
**225 MIZNER BLVD #300-18**  
**BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**

Name **Linda Maldonado**  
Street Address (P.O. Box Number is Not Acceptable)  
**225 MIZNER BLVD**  
**Suite 300**  
City **Boca Raton** **FL** Zip Code **33432**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE **Linda Maldonado** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>DCEO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NEWMAN, ANDREW</b>	
STREET ADDRESS	<b>225 MIZNER BLVD. #300-18</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MALDONADO, LINDA</b>	
STREET ADDRESS	<b>225 MIZNER BLVD #300-18</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>DCEO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McFee William</b>	
STREET ADDRESS	<b>225 MIZNER BLVD Suite 300</b>	
CITY-ST-ZIP	<b>Boca Raton FL 33432</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **SIGNATURE OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/03**

**561 338-**  
**3307**  
Daytime Phone #

CR2E034 (10/02)