

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 32811

1. Entity Name

Executive Parities, Inc.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90395 011 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

360 W. Indiantan Road

Suite, Apt. #, etc.

3. Mailing Address

101 Main Street

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country

US

City & State

Pt. Jeff. Sta. NY

Zip

11776

Country

US

4. FEI Number

11-2921907

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Fields, Gary D.

Street Address, P.O. Box Number is Not Acceptable

5355 Town Center Road

City

Boca Raton

FL

Zip Code

33486

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: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$580.00

Amended UBR is \$81.25

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
NAME	Salstein, ARTHUR
STREET ADDRESS	6279 Riverwalk Lane #6
CITY, ST, ZIP	Jupiter, FL 33458
TITLE	CVO
NAME	Maxley, Jack
STREET ADDRESS	101 Main Street
CITY, ST, ZIP	Pt Jeff. Sta., NY 11776
TITLE	T
NAME	Maxley, Jack
STREET ADDRESS	101 Main Street
CITY, ST, ZIP	Pt. Jeff. Sta, NY 11776
TITLE	
NAME	
STREET ADDRESS	
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CITY, ST, ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jack Maxley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

(561) 575-5237