

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021275

1. Entity Name

THE MANAGEMENT COMPANY FOR FLORIDA PROPERTY, INC

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90010 001 \*\*\*300.00

Principal Place of Business 1489 W PALMETTO PK RD SUITE 485 BOCA RATON FL 33486 US	Mailing Address 1489 W PALMETTO PK RD SUITE 485 BOCA RATON FL 33486-3327 US
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2. Principal Place of Business 6700 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 200	3. Mailing Address 6700 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 200
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City & State Boca Raton, FL	City & State Boca Raton, FL
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Zip 33487	Country USA	Zip 33487	Country USA
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4. FEI Number 65-0394096	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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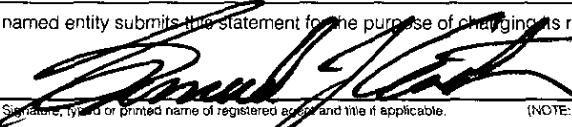
6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J  
3885 ST JAMES WAY  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name  
Cantor, Samuel J.  
Street Address (P.O. Box Number is Not Acceptable)  
6700 Broken Sound Pkwy NW  
Suite 200  
City  
Boca Raton FL Zip Code  
33487

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  DATE 4/18/00  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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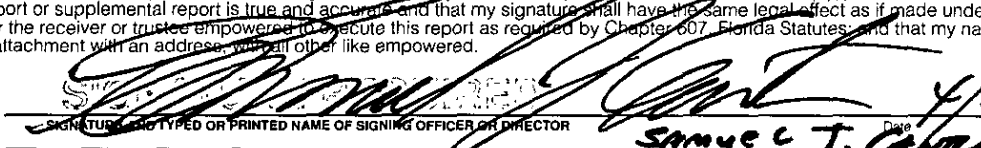
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTOR, SAMUEL J 1489 W PALMETTO PARK ROAD, SUITE 485 BOCA RATON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cantor, Samuel J. 6700 Broken Sound Pkwy NW, #200 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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, without other like empowered.

SIGNATURE:  DATE 4/18/00 5619827555  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Samuel J. Cantor Daytime Phone #

CR2E034 (9/99)