## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am Secretary of State **DOCUMENT #** P93000043491 1. Entity Name THE CURY REAL ESTATE & FINANCIAL GROUP, INC. 04-23-2002 90393 010 \*\*\*150.00 Principal Place of Business Mailing Address 324 ROYAL PALM WAY 324 ROYAL PALM WAY STE 204 STE 204 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURY, EDWARD C. Street Address (P.O. Box Number is Not Acceptable) 324 ROYAL PALM WAY **STE 204** PALM BEACH FL 33480 City Zip Code 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 reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME CURY, EDWARD C CURY, EdWARD NAME 100 SUNRISE AVE #R206 STREET ADDRESS STREET ADDRESS 3300 WASHINGTONPO WEST PAIN BEACH, FL 33405 CITY-ST-7IP PALM BEACH FL 33480 CITY-ST-ZIP VTS ☐ Delete TITLE Change Addition NAME Cury, Stepten 2001 LAKE AVENUE West PAIM BEACH, FL 33401 CURY, STEPHEN E NAME STREET ADDRESS 1405 S FEDERAL HWY #147 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like erpowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/22 / 561) 832-1602 Pate Daying Phone #

**FILED**