

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90161 020 \*\*\*150.00

**DOCUMENT # P93000066950**

1. Entity Name

**SALANA AT THE POLO CLUB INC.**

**U0038481**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9231 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437 US</b>	Mailing Address <b>8231 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437 US</b>
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2. Principal Place of Business <b>One Woodbridge Center Dr</b> Suite, Apt. #, etc. <b>Suite 610</b>	3. Mailing Address <b>1163 RT 22-EAST</b> Suite, Apt. #, etc.
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City & State <b>Woodbridge NJ</b>	City & State <b>mountainside NJ</b>
Zip <b>07095</b>	Country <b>US</b>
Zip <b>07092</b>	Country <b>US</b>

4. FEI Number <b>65-0438079</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**PINKWASSER, ALAN ESQ**  
**8231 MUIRHEAD CIRCLE**  
**BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FISCH, MARK 8231 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P mark Fisch One woodbridge Center Drive Woodbridge NJ 07095</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FISCH, ERWIN 8231 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Fish, ERWIN One woodbridge Center Drive Woodbridge NJ 07095</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WILF, LEONARD 82311 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S wilf leonard 820 morris TRP Short Hills NJ 07078</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS PINKWASSER, ALAN ESQ 8231 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437</b>	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/01**  
Date

Daytime Phone #

CR2E034 (10/00)