

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90879 009 ***150.00

DOCUMENT # P94000054064

1. Entity Name
VRD REALTY, INC.

Principal Place of Business

1951 N.W. 19 STREET
#103
BOCA RATON FL 33431
US

Mailing Address

1951 N.W. 19 STREET
#103
BOCA RATON FL 33431
US

80070092



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1601 Forum Place

Suite, Apt. #, etc.

Suite 603

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

1601 Forum Place

Suite, Apt. #, etc.

Suite 603

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. FEI Number

65-0543403

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOOSE, WILLIAM R
515 NORTH FLAGLER DRIVE
STE #1400
WEST PALM BEACH FL 33401

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

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **GELLER, HARVEY**
STREET ADDRESS **1951 N.W. 19TH STREET, SUITE 103**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VPD** ☐ Delete
NAME **GELLER, DIDI**
STREET ADDRESS **1951 N.W. 19TH STREET, SUITE 103**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **STD** ☐ Delete
NAME **ROSS, DEANNE M**
STREET ADDRESS **1690 SOUTH CONGRESS**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/1/02 **561-616-3330**
 Date Daytime Phone #

CR2E034 (9/01)