

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90017 046 ***150.00

DOCUMENT # P94000065369.

1. Entity Name

191 BRADLEY PLACE PARTNERS, INC.



Principal Place of Business

203 ROYAL POINCIANA WAY
SUITE A
PALM BEACH FL 33480

Mailing Address

203 ROYAL POINCIANA WAY
SUITE A
PALM BEACH FL 33480



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0523492

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

YOUCHAK, THOMAS M
191 BRADLEY PLACE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name YOUCHAK, THOMAS M

Street Address (P.O. Box Number is Not Acceptable)

203 ROYAL POINCIANA WAY, STE A

City

PALM BEACH

FL

33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME YOUCHAK, THOMAS M ☐ Delete
STREET ADDRESS 191 BRADLEY PLACE
CITY-STATE-ZIP PALM BEACH FL 33480

TITLE D
NAME YOUCHAK, MICHAEL T ☐ Delete
STREET ADDRESS 191 BRADLEY
CITY-STATE-ZIP PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME YOUCHAK, THOMAS M ☒ Change ☐ Addition
STREET ADDRESS 203 ROYAL POINCIANA WAY, STE A
CITY-STATE-ZIP PALM BEACH, FL 33480

TITLE D
NAME YOUCHAK, MICHAEL T ☒ Change ☐ Addition
STREET ADDRESS 932 W. NORTH AVE
CITY-STATE-ZIP PHILADELPHIA, PA 19133

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 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

Date

Daytime Phone #

5/16/07