

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034041

1. Entity Name

AIRPORT COMMERCE PARK ASSOCIATES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90214 007 ***150.00

Principal Place of Business

138 NORTH COUNTY ROAD
 PALM BEACH FL 33480

Mailing Address

138 NORTH COUNTY ROAD
 PALM BEACH FL 33480-3917

2. Principal Place of Business

223 Sunset Ave

Suite, Apt. #, etc.

Suite 110

City & State

Palm Beach FL

Zip

33480

Country

USA

3. Mailing Address

223 Sunset Ave

Suite, Apt. #, etc.

Suite 110

City & State

Palm Beach FL

Zip

33480

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0586113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LIST, MARTIN A
 138 N. COUNTY RD.
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Martin A. List

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

223 Sunset Ave

Suite, Apt. #, etc.

Suite 110

City

Palm Beach

FL

Zip Code

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.

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, 2000 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 P ☐ Delete
 NAME LIST, MARTIN A
 STREET ADDRESS 138 NORTH COUNTY ROAD
 CITY-ST-ZIP PALM BEACH FL 33480

TITLE S ☐ Delete
 NAME RHODES, PUL
 STREET ADDRESS 251A ROYAL PALM WAY, STE 300
 CITY-ST-ZIP PALM BCH FL 33480

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 223 Sunset Ave, Suite 110
 CITY-ST-ZIP Palm Beach FL 33480

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 40 TOM STREET, ESQ 777 S. FLAGLER DR #900
 CITY-ST-ZIP W. PALM BEACH, FL 33401

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

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

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

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

Paul Rhodes 421-00 561-659-5400

Date

Daytime Phone #

CR2E034 (9/99)