

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90143 020 \*\*\*150.00

**DOCUMENT # P95000050510**

1. Entity Name  
**CENTRECORP REALTY SERVICES, INC.**

Principal Place of Business  
**2401 PGA BLVD**  
**SUITE 280**  
**PALM BEACH GARDENS FL 33410**

Mailing Address  
**2401 PGA BLVD**  
**SUITE 280**  
**PALM BEACH GARDENS FL 33410**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**One North Clematis Street**

3. Mailing Address  
**One North Clematis Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 305**

**Suite 305**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. FEI Number  
**65-0759197**

Applied For

Not Applicable

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**WIENER, DAVID J**  
**2401 PGA BLVD**  
**SUITE #280**  
**PALM BEACH GARDENS FL 33410**

## 7. Name and Address of New Registered Agent

Name  
**David J. Wiener**  
 Street Address (P.O. Box Number is Not Acceptable)  
**One North Clematis Street**  
**Suite 305**  
 City  
**West Palm Beach** **FL** Zip Code  
**33401**

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

**4-8-02**

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  
**DP** ☐ Delete  
 NAME  
**PRESTON, JOHN W.S.**  
 STREET ADDRESS  
**2401 PGA BLVD SUITE 280**  
 CITY-ST-ZIP  
**PALM BEACH GARDENS FL 33410**

TITLE  
**DVS** ☐ Delete  
 NAME  
**GREEN, ROBERT S**  
 STREET ADDRESS  
**2851 JOHN STREET, SUITE ONE**  
 CITY-ST-ZIP  
**MARKHAM, ONTARIO, CANADA L3R 5R7**

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  
**DV** ☒ Change ☐ Addition  
 NAME  
**Preston, John W.S.**  
 STREET ADDRESS  
**One North Clematis Street, Suite 305**  
 CITY-ST-ZIP  
**West Palm Beach, FL 33401**

TITLE  
**DV** ☒ Change ☐ Addition  
 NAME  
**Green, Robert S.**  
 STREET ADDRESS  
**2851 John Street, Suite One**  
 CITY-ST-ZIP  
**Markham, Ontario L3R5R7 Canada**

TITLE  
**DP** ☐ Change ☒ Addition  
 NAME  
**Kosoy, David**  
 STREET ADDRESS  
**One North Clematis Street, Suite 305**  
 CITY-ST-ZIP  
**West Palm Beach, FL 33401**

TITLE  
**V** ☐ Change ☒ Addition  
 NAME  
**Beinick, Larry**  
 STREET ADDRESS  
**One North Clematis Street, Suite 305**  
 CITY-ST-ZIP  
**West Palm Beach, FL 33401**

TITLE  
**DV** ☐ Change ☒ Addition  
 NAME  
**Kosoy, Brian**  
 STREET ADDRESS  
**One North Clematis Street, Suite 305**  
 CITY-ST-ZIP  
**West Palm Beach, FL 33401**

TITLE  
**ST** ☐ Change ☒ Addition  
 NAME  
**Shreeve, David J.**  
 STREET ADDRESS  
**One North Clematis Street, Suite 305**  
 CITY-ST-ZIP  
**West Palm Beach, FL 33401**

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.

**Centrecorp Realty Services, Inc.**

**SIGNATURE:**

By: **[Signature]** **REQUIRED**  
 SIGNATURE AND TYPE OF OFFICER, DIRECTOR, RECEIVER OR TRUSTEE

**4-8-02**

**561-835-1810**

Date

Daytime Phone #

CR2E034 (9/01)