

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90189 027 ***150.00

DOCUMENT # P95000076172

1. Entity Name
ABACOA REALTY, INC.



Principal Place of Business
1200 UNIVERSITY BLVD
210
JUPITER FL 33458
US

Mailing Address
1200 UNIVERSITY BLVD
210
JUPITER FL 33458
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0672280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JOHN W GARY III
701 US HIGHWAY ONE
SUITE 402
NORTH PALM BCH FL 33408

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

SIGNATURE

Signature, typed 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, 2003 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	<input type="checkbox"/> Delete
NAME	CLARK, STEPHEN T.	
STREET ADDRESS	100 CONGRESS AVE, SUITE 1590	
CITY-ST-ZIP	AUSTIN TX 78701-4072	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	CLARK, TIMOTHY M.	
STREET ADDRESS	1717 ST JAMES PLACE, SUITE 220	
CITY-ST-ZIP	HOUSTON TX-77056	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINTZ, JOSHUA T.	
STREET ADDRESS	140 S. DEARBORD, SUITE 1100	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE	P	<input type="checkbox"/> Delete
NAME	SALOUR, NADER G.M.	
STREET ADDRESS	1200 UNIVERSITY BLVD	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CESARO-PENGUE, DONNA M	
STREET ADDRESS	1200 UNIVERSITY BLVD	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/03 661-745 6400

CR2E034 (10/02)