

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90127 023 ***150.00

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DOCUMENT # P96000041487

1. Entity Name
THE HATTERAS APARTMENTS, INC.

Principal Place of Business

**3460 FAIRLANE FARMS RD.
 SUITE 13
 WELLINGTON FL 33414**

Mailing Address

**3460 FAIRLANE FARMS ROAD
 SUITE #13
 WELLINGTON FL 33414
 US**

00000000



2. Principal Place of Business

11576 Pierson Rd

Suite, Apt. #, etc.

Suite K-8

City & State
Wellington, FL

Zip
33414

Country
USA

3. Mailing Address

11576 Pierson Rd

Suite, Apt. #, etc.

Suite K-8

City & State
Wellington, FL

Zip
33414

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0685159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ROSEN, PAUL

3460 FAIRLANE FARMS RD.

SUITE 13

WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

Paul Rosen

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

11576 Pierson Rd - Ste-K-8

City

Wellington

FL

Zip Code

33414

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

Paul Rosen PAUL ROSEN

4-18-02

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 **P** ☐ Delete
 NAME **ROSEN, PAUL**
 STREET ADDRESS **2337 GOLFBROOK DR**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **V** ☐ Delete
 NAME **ROSEN, PHYLLIS**
 STREET ADDRESS **2337 GOLFBROOK DR.**
 CITY-ST-ZIP **WELLINGTON FL**

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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:

Paul Rosen PAUL ROSEN 4-18-02 561-790-7453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)