FILED

May 12, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000102059 **DOCUMENT #**

1. Entity Name FLORIDA ATLANTIC PROPERTIES, INC.								05-12-	2003 90220 ()11 ***150.00)	
Principal Place of Business 248 NORTH CONGRESS AVE. BOYNTON BEACH FL 33426 US				Mailing Address 248 NORTH CONGRESS AVE. BOYNTON BEACH FL 33426 US								
2. Principal f	Place of Busin	ness	3. Mailing Address					i (1441/1861 i),6 (141/18 i)	IIIA Br iik Ba hi ba hi ii	OIN BOLIO (LOZI DOZB) O	1116 1811 1861	
Suite, Apt. #, etc.			Suit	e, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 65-0 7	719559		plied For t Applicable	
Zip Country		Zip	Zip Coun		try		5. Certificate of Status I	Desired	\$8.75 Add			
6. Name and Address of Current Registered Agent							 _	7. Name and Address	of New Register	 :		
							Name					
FALLO, LAWRENCE . 248 NORTH CONGRESS AVE.						Street Address (P.O. Box Number is Not Acceptable)						
BOYNTON BEACH FL 33426												
iz										Zip Code		
8. The above the obligation	e named entit tions of regis	y submits this statement for terest agent.	r the purp	oose of changing its	registere	ed office or req		_	tate of Florida.	am familiar with, a	and accept	
SIGNATURE	Signature, typeg	or printed name of registered agent	and title if app	olicable. (NOT	E: Registere	d Agent signature re			DA	TE .		
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 Carr Trust Fund C	npaign Financing ontribution.		0 May Be to Fees	
10.	K T dyable to	OFFICERS AND						ADDITIONS/CHANGES	S TO OFFICERS	NID DIRECTORS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
TITLE	P	OFFICERS AND	DINECTO	Delete	TITLE			ADDITIONS/CHANGE	3 TO OFFICERS	Change	Addition	
NAME	FALLO, LA 248 NORT	WRENCE TH CONGRESS AVE. BEACH FL 33426		Uelete	NAMI STRE					ن Gnange	Addition	
TITLE	DOTITION	DEA0111 C 30420		Delete	TITLE			 		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				₩ Delete	NAMI STRE					□ C⊓ange		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i				☐ Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE					☐ Change	Addition	

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 suppliemental 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 an other like empowered. LAURENCE

SIGNATURE:

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