

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032690

1. Entity Name

BLOCK 16 REALTY, INC.

Principal Place of Business

231 BRADLEY PLACE
STE 200
PALM BEACH FL 33480
US

Mailing Address

POB 4564
WPB FL 33402
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

O'CONNELL, PHIL D JR
515 N FLAGLER DR, SUITE 1900
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City

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.

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	O'CONNELL, JR P D	
STREET ADDRESS	515 N FLAGLER DR, 19TH FL	
CITY-STATE-ZIP	WPB FL 33401	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	LEVIN, G	
STREET ADDRESS	100 BAY COLONY LN	
CITY-STATE-ZIP	FT LAUD FL 33308	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FAIGEN, G	
STREET ADDRESS	222 LAKEVIEW AVE, STE 200	
CITY-STATE-ZIP	WPB FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, F	
STREET ADDRESS	12800 US HWY 1	
CITY-STATE-ZIP	JUNO BCH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	JERMAN, R A	
STREET ADDRESS	1-11, TOWN BAY DR	
CITY-STATE-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRONW, JR R T	
STREET ADDRESS	513 US HWY 1	
CITY-STATE-ZIP	NPB FL 33408	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4/19/01 (561)832-5900
Date Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90250 036 ***150.00

645714



DO NOT WRITE IN THIS SPACE

US01/594

CR2E034 (10/00)