

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90021 021 \*\*\*150.00

**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 4504~~  
~~WPB FL 33402~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

**231 Bradley Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200**

City & State

City & State

**Palm Beach, FL**

Zip

Country

Zip

Country

**33480**

**USA**

4. FEI Number

**65-0746917**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **O'CONNELL, JR P D**  
 CITY-ST-ZIP **515 N FLAGLER DR, 19TH FL**  
**WPB FL 33401**

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

TITLE ☐ Delete  
 NAME **VPTD**  
 STREET ADDRESS **LEVIN, G**  
 CITY-ST-ZIP **100 BAY COLONY LN**  
**FT LAUD FL 33308**

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

TITLE ☐ Delete  
 NAME **VPSD**  
 STREET ADDRESS **FAIGEN, G**  
 CITY-ST-ZIP **222 LAKEVIEW AVE, STE 200**  
**WPB FL 33401**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **231 Bradley Place, Suite 200**  
 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MURPHY, F**  
 CITY-ST-ZIP **12800 US HWY 1**  
**JUNO BCH FL 33408**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **JERMAN, R A**  
 CITY-ST-ZIP **1-11, TOWN BAY DR**  
**BOCA RATON FL 33486**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BRONW, JR R T**  
 CITY-ST-ZIP **513 US HWY 1**  
**NPB FL 33408**

TITLE ☐ Change ☐ Addition  
 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:

**Greta Faigen, Vice-President 4/15/02 561 833 0377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)