

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91161 010 \*\*\*150.00

<b>DOCUMENT #</b>	P97000055800
1. Entity Name	
PIER 81 DEVELOPMENT CORPORATION	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
365 fifth avenue		c/o David Nassif Co. 195 Worcester St.	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. SIE 301	
City & State Naples, FL 34102		City & State Wellesley, MA	
Zip	Country	Zip	Country
02481	USA	02481	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0765423	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name	Antaramian, Jack
Street Address (P.O. Box Number is Not Acceptable)	
365 Fifth Ave. South Suite 201	
City	Zip Code
Naples	FL 34102

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p align="center">January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE	PDS	TITLE	
NAME	Antaramian, Jack	NAME	
STREET ADDRESS	365 Fifth Ave. South #201	STREET ADDRESS	
CITY - ST - ZIP	Naples, FL 34102	CITY - ST - ZIP	
TITLE	VID	TITLE	
NAME	Nassif, David E.	NAME	
STREET ADDRESS	195 Worcester St. SIE #301	STREET ADDRESS	
CITY - ST - ZIP	Wellesley, MA 02481	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David E Nassif 4-26-02 781-431-1030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)