FILED

Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90546 041 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000060925

1. Entity Name

222 ASSOCIATES, INC.

Principal Place of Business 140 N FEDERAL HIGHWAY STE 200 BOCA RATON FL 33432 US		140 STE	Mailing Address 140 N FEDERAL HIGHWAY STE 200 BOCA RATON FL 33432			30066100				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City	y & State		4.	4. FEI Number 65-0772572 Applied For Not Applied For			oplied For	
Zip	Country	Zip	С	ountry	5.	. Certificate of Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Current	Register	ed Agent	Name	- 7.	Name and Address of New		<u></u>		
SCHROEDER, MICHAEL A. ESQ 2255 GLADES ROAD			Stree		ess (P.O.	Box Number is Not Acceptal	ole)			
SUITE 319A BOCA RATON FL 33431				City			FL.	Zip Cod	e	
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent.			stered office or required Agent signature in	·		Florida. I am fa	amiliar with,	and accept	
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 Campaign Trust Fund Contribu			0 May Be to Fees	
10.	OFFICERS AND	DIRECTO	DRS	11.	A	ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR!	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TALBOTT, GREGORY 140 N FEDERAL HIGHWAY STE BOCA RATON FL 33432	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
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TITLE				TITLE				Change	Addition	

STREET ADDRESS

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information mail eport 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 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

CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information indicated on this report or supplementary

of the corporation or the receiver or tru-changed, or on an attachment with an

STREET ADDRESS

CITY-ST-ZIP