

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90989 042 ***150.00

U0058808

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Entity Name	P97000077354 MYSTIC COVE DEVELOPMENT CORPORATION
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Principal Place of Business 251-ROYAL-PALM-WAY SIXTH-FLOOR PALM-BEACH, FL--33480	Mailing Address 251-ROYAL-PALM-WAY SIXTH-FLOOR- PALM-BEACH, FL--33480-
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2. Principal Place of Business c/o Mendoza and Callas	3. Mailing Address c/o Mendoza and Callas
Suite, Apt. #, etc. 251 Royal Palm Way, #602	Suite, Apt. #, etc. 251 Royal Palm Way, #602

City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480	Country USA

4. FEI Number 65-0789246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHILLING, CHRISTOPHER J. ESQ- 251-Royal-Palm-Way Sixth-Floor- Palm-Beach, FL--33480-	7. Name and Address of New Registered Agent Name MARIO G. DE MENDOZA, III Street Address (P.O. Box Number is Not Acceptable) c/o Mendoza and Callas 251 Royal Palm Way, #602 City Palm Beach FL Zip Code 33480
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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 	Mario G. de Mendoza, III, Reg. Agent 2/2/01 DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BENTZ, ROBERT A 1280 N. Congress Ave., Suite 215 West Palm Beach, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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.	
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SIGNATURE: 	Robert A. Bentz, Pres.	4-16-01 (561) 478-8501 Date Daytime Phone #
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CR2E034 (11/00)