

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080024

1. Entity Name
NEW SMYRNA CONDO BUILDING NO. 1, INC.

Principal Place of Business
3033 CHIMNEY ROCK RD., SUITE 400
HOUSTON TX 77056

Mailing Address
3033 CHIMNEY ROCK RD., SUITE 400
HOUSTON TX 77056

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 58-2343698

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

GRAHAM, JESSE E
369 NORTH NEW YORK AVENUE
THIRD FLOOR
WINTER PARK FL 32789

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
SILVESTRI, DAN
3033 CHIMNEY ROCK RD., SUITE 400
HOUSTON TX 77056 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
GIULIO, TRULLI
120 KING STREET WEST STE. 1000
HAMILTON, ONTARIO L8P 4V2 ☐ Delete

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 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]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/01 (713) 785-6272
Date Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90048 032 ***550.00



DO NOT WRITE IN THIS SPACE

013121 AT

CR2E034 (5/01)