(561)912-3204

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIDECTOR

MARCIA H. LANGLEY, Secretary/Vice

FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P97000106762 PARK APARTMENTS OF PEMBROKE PÄRK. INC. 4-12-2001 90051 049 ***150.00 Principal Place of Business Mailing Address 17735 FIELDBROOK ÇIR NO 17735 FIELDBROOK CIR NO **BOCA RATON FL 33496 BOÇA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TILBROOK, JAMES K CPA Street Address (P.O. Box Number is Not Acceptable) 1881 NE 26TH ST **STE 223** FT LAUDERDALE FL 33305 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE LANGLEY, RAYMOND J NAME NAME STREET ADDRESS C/O 17735 FIELDBROOK CIR N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33496** TITLE ☐ Delete Change Addition LANGLEY, MARCIA H NAME NAME STREET ADDRESS STREET ADDRESS C/O 17735 FIELDBROOK CIR NO CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ___ Change _ 🔲 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ampowered

President