

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90085 047 ***150.00

0360356 AV

DOCUMENT # P97000107456

1. Entity Name
(561) LUXURY PROPERTIES, INC.

Principal Place of Business
% FORD
P.O. BOX 30993
PALM BEACH GARDENS FL 33420

Mailing Address
% FORD
P.O. BOX 30993
PALM BEACH GARDENS FL 33420

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0804107
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FORD, CLARE C
C/O FORD
1203 SILVERLEAF OAK CT
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
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] DATE 06-2002
[Signature] 06-2002

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P FORD, CLARE C 1203 SILVERLEAF OAK CT PALM BEACH GARDENS FL 33410
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 06-2002 Daytime Phone #