

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90776 008 \*\*\*150.00

**DOCUMENT # P97000109031**

1. Entity Name  
**TIMES SQUARE INVESTMENT CORPORATION**

Principal Place of Business  
**2523 BURNS RD.  
 PALM BEACH GARDENS FL 33410**

Mailing Address  
**2523 BURNS RD.  
 PALM BEACH GARDENS FL 33410**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0818496**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**DIVOSTA, GUY M  
 10358 RIVERSIDE DR  
 PALM BEACH GARDENS FL 33410**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2523 BURNS ROAD**  
 City **PALM BEACH GARDENS FL** Zip Code **33410**

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 \_\_\_\_\_ (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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Delete
<b>P DIVOSTA, GUY M 10358 RIVERSIDE DR PALM BEACH GARDENS FL 33410</b>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>2523 BURNS ROAD PALM BEACH GARDENS, FL 33410</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	<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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-16-02** Daytime Phone # **561-625-4663**

AV 5/14/2000

CR2E034 (9/01)