

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90051 029 ***150.00

0330714

DOCUMENT # P98000005912

1. Entity Name

813 NORTH MILITARY TRAIL ASSOCIATES, INC.

Principal Place of Business

**813 NORTH MILITARY TRAIL
 WEST PALM BEACH FL 33415
 US**

Mailing Address

**3700 S OCEAN BLVD
 1706
 HIGHLANDS BEACH FL 33487**

940971

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

65-0837393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PAXMAN, JOHN T
 23271 COSTA DEL SOL BLVD
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **ANDREA PARKOFF**
 Street Address (P.O. Box Number is Not Acceptable) **3700 South Ocean Blvd Apt 1706**
 City **HIGHLAND BEACH** FL **33487**

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

Andrea Parkoff

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/01

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, 2001 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 **P** ☐ Delete
 NAME **PARKOFF, ANDREA**
 STREET ADDRESS **216 NORTH MILITARY TRAIL**
 CITY-ST-ZIP **WEST PALM BEACH FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea Parkoff

Date

Daytime Phone #

4/2/01 561-254-2868

CR2E034 (10/00)