

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90040 021 ***150.00

DOCUMENT # P98000005912

1. Entity Name

813 NORTH MILITARY TRAIL ASSOCIATES, INC.

Principal Place of Business

**3700 S OCEAN BLVD
 SUITE 1706
 HIGHLAND BEACH FL 33487
 US**

Mailing Address

**3700 S OCEAN BLVD
 SUITE 1706
 HIGHLAND BEACH FL 33487
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



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

**PARKOFF, MICHAEL
 3700 S OCEAN BLVD
 SUITE 1706
 HIGHLAND BEACH FL 33487**

7. Name and Address of New Registered Agent

Name **SEAN PARK**
 Street Address (P.O. Box Number is Not Acceptable) **3700 SOUTH OCEAN BLVD
 SUITE 1706**
 City **HIGHLAND BEACH FL** Zip Code **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

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 \$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 **P** ☒ Delete
 NAME **PARKOFF, ANDREA**
 STREET ADDRESS **3700 S OCEAN BLVD 1706**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **PRESIDENT** ☐ Delete
 NAME **SEAN PARK**
 STREET ADDRESS **3700 SOUTH OCEAN BLVD 1706**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/02 561-445-3825

CP2E034 (9/01)