

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90059 024 ***150.00

0305793

DOCUMENT # P98000033278

1. Entity Name

PINEAPPLE VACATIONS BOYNTON BEACH, INC.

Principal Place of Business

% PETER MOSS
 7048 BERACASA WAY
 BOCA RATON FL 33433

Mailing Address

% PETER MOSS
 7048 BERACASA WAY
 BOCA RATON FL 33433

735427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6616 Hypoluxo Rd

Suite, Apt. #, etc.

6616 Hypoluxo Rd

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

USA

Zip

33467

Country

USA

4. FEI Number

65-0828978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, PETER
 7048 BERACASA WAY
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name Nathan, Ivor L
 Street Address (P.O. Box Number is Not Acceptable)
 6616 Hypoluxo Rd
 City Lake Worth FL Zip Code 33467

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, 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	PDTS	<input checked="" type="checkbox"/> Delete
NAME	MOSS, PETER	
STREET ADDRESS	7048 BERACASA WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NATHAN, IVOR L	
STREET ADDRESS	7048 BERACASA WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/26/2001

Date

561-642-1556

Daytime Phone #

CR2E034 (10/00)