

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000037375**1. Entity Name  
ONE NORTH OCEAN DRIVE 1998, INC.

Principal Place of Business 1600 S. OCEAN DR.  POMPANO BCH FL 33062	Mailing Address 1600 S. OCEAN DR.  POMPANO BCH FL 33062
--	--

2. Principal Place of Business ONE S. OCEAN BLVD	3. Mailing Address ONE S. OCEAN BLVD.
Suite, Apt. #, etc. SUITE 204	Suite, Apt. #, etc. SUITE 204

City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33432	Country

4. FEI Number  
**65-0830076**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**EISINGER DENNIS J  
4000 HOLLYWOOD BLVD., SUITE 265-S  
  
HOLLYWOOD FL 33021 US**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 \_\_\_\_\_ **04/24/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN PIERRE 1600 S. OCEAN DR. POMPANO BCH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROY JEAN F 1600 S. OCEAN DR. POMPANO BCH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN PIERRE 1 S. OCEAN BLVD SUITE 204 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROY JEAN F 1 S. OCEAN BLVD SUITE 204 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** JF Roy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 04/24/2001

Date Daytime Phone #

CR2E034 (11/00)