

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90281 001 *1,350.00

DOCUMENT # P98000049307

1. Entity Name
PSL DEVELOPMENTS, INC.

Principal Place of Business
 C/O CENTRECORP MANAGEMENT SERVICES, INC.
 2401 PGA BLVD SUITE 280
 PALM BEACH GARDENS FL 33410

Mailing Address
 C/O CENTRECORP MANAGEMENT SERVICES, INC.
 2401 PGA BLVD SUITE 280
 PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Equity One Realty & Mgt
 Suite, Apt. #, etc.
 1696 NE Miami Gardens Drive
 City & State
 North Miami Beach, FL
 Zip
 33179

3. Mailing Address
 Equity One Realty & Mgt
 Suite, Apt. #, etc.
 1696 NE Miami Gardens Drive
 City & State
 North Miami Beach, FL
 Zip
 33179

4. FEI Number 65-0913546 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 WIENER, DAVID J
 2401 PGA BLVD
 SUITE #280
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
 Name
 MARCUS ALAN J
 Street Address (P.O. Box Number is Not Acceptable)
 20803 BISCAYNE BLVD
 SUITE # 301
 City
 AVENTURA FL Zip Code
 33180

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]* **DATE** 4/8/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD	NAME PRESTON, JOHN W.S.	<input type="checkbox"/> Delete
STREET ADDRESS 2401 PGA BLVD SUITE 280	CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE VST	NAME GREEN, ROBERT S	<input type="checkbox"/> Delete
STREET ADDRESS 2851 JOHN ST SUITE ONE	CITY-ST-ZIP MARKHAM, ONTARIO CA L3R5R7	
TITLE VP	NAME BARRY, MARK W	<input type="checkbox"/> Delete
STREET ADDRESS 2401 PGA BLVD, STE #280	CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE DVAS	NAME BERNICK, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS 2401 PGA BLVD SUITE 280	CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/5/11	NAME KATZMAN, CHAIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1696 NE MIAMI GARDENS DRIVE	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	
TITLE VP/D	NAME VALERO, JORON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1696 NE MIAMI GARDENS DRIVE	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	
TITLE DVT	NAME SEGAL, DORI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 161 BAY STREET, STE 2800	CITY-ST-ZIP TORONTO, CANADA ON M5T 2S1	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

Daytime Phone #

CR2E034 (9/01)