

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90458 033 ***550.00

DOCUMENT # P98000052839

1. Entity Name
CLOISTERS ON THE BAY, INC.

Principal Place of Business

551 NW 77TH ST
 STE 108
 BOCA RATON FL 33487
 US

Mailing Address

551 NW 77TH ST
 STE 108
 BOCA RATON FL 33487
 US

2. Principal Place of Business

1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.
SUITE # 11

City & State
BOCA RATON, FL

Zip
33487

Country
USA

3. Mailing Address

1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.
SUITE # 11

City & State
BOCA RATON, FL

Zip
33487

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0868612

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POPKIN & SHURPIN, P.A.
2499 GLADES ROAD #114
BOCA RATON FL 33431

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

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	DVPS	<input type="checkbox"/> Delete
NAME	POPKIN, EDWARD D	
STREET ADDRESS	2499 GLADES ROAD #114	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ALBANESE, LEONARD A	
STREET ADDRESS	551 N.W. 77 ST. STE. 108	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HOWELL, MICHAEL J	
STREET ADDRESS	120 W. GLADES RD.	
CITY-ST-ZIP	BOCA RATON DL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 S. ROGERS CIRCLE, #11	
CITY-ST-ZIP	BOCA RATON, FL 33487	
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		
STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)