

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90055 029 ***158.75

DOCUMENT # P98000061562

1. Entity Name
PIER REALTY CORP.

Principal Place of Business
14 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33308

Mailing Address
14 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33308

00012326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0855451**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CARLSEN, SUSAN
14 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33308

7. Name and Address of New Registered Agent

Name **Kathy Murphy**
 Street Address (P.O. Box Number is Not Acceptable)
14 Commercial Blvd.
Lauderdale by the Sea
 City **FL** Zip Code **33308**

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 *Kathleen Murphy*
 Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 9, 2002

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 **D** ☐ Delete
 NAME **MURPHY, KATHY**
 STREET ADDRESS **1460 N.E. 56TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **D** ☒ Delete
 NAME **CARLSEN, SUSAN**
 STREET ADDRESS **14 COMMERCIAL BLVD.**
 CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 **PRES. + DIRECTOR** ☒ Change ☐ Addition
 NAME **MURPHY, KATHY**
 STREET ADDRESS **1460 NE 56th St.**
 CITY-ST-ZIP **FORT LAUD., FL 33334**

TITLE **VP** ☐ Change ☒ Addition
 NAME **MURPHY, MICHAEL**
 STREET ADDRESS **1460 NE 56th St.**
 CITY-ST-ZIP **FORT LAUD., FL 33334**

TITLE **SEC/Treas. + DIRECTOR** ☐ Change ☒ Addition
 NAME **MURPHY, LORETTA**
 STREET ADDRESS **1460 NE 56th St.**
 CITY-ST-ZIP **FORT LAUD., FL 33334**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Kathleen Murphy* **KATHY MURPHY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02
 Date

954-771-2255
 Daytime Phone #

CR2E034 (9/01)