

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90093 048 ***158.75

US353146 AV

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**



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

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURPHY, ~~KATH~~ KATHLEEN
14 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathleen Murphy*
Signature, typed or printed name of registered agent and fee if applicable.

KATHLEEN MURPHY
(NOTE: Registered Agent signature required when reinstating)

01/06/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MURPHY, KATH KATHLEEN	1460 N.E. 56TH STREET	FORT LAUDERDALE FL 33334	<input type="checkbox"/>
VP	MURPHY, MICHAEL	1460 NE 56TH ST	FORT LAUDERDALE FL 33334	<input type="checkbox"/>
STD	MURPHY, LORETTA	1460 NE 56TH ST	FORT LAUDERDALE FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>change name to:</i>			<input type="checkbox"/>	<input type="checkbox"/>
	KATHLEEN MURPHY			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen Murphy* **KATHLEEN MURPHY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03
Date

84-771-2255
Daytime Phone #

CR2E034 (10/02)