

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90166 023 ***150.00

DOCUMENT # P98000062720

1. Entity Name
FLA COMMERCIAL PROPERTIES, INC.

Principal Place of Business 1312 COMMERCE LANE STE 2B JUPITER FL 33458	Mailing Address 1312 COMMERCE LANE STE 2B JUPITER FL 33458-5640
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2. Principal Place of Business 2506 SE. WILLOUGHBY BLVD Suite, Apt. #, etc.	3. Mailing Address 2506 SE. WILLOUGHBY BLVD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State STUART FL	City & State STUART FL	4. FEI Number 65-0862464	Applied For <input type="checkbox"/> Not Applicable
Zip 34994	Country MARTIN	Zip 34994	Country MARTIN

6. Name and Address of Current Registered Agent WHITMIRE, DRENNEN L 500 SOUTH AUSTRALIAN AVE, SUITE 800 WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name ALBERT T. PURINO Street Address (P.O. Box Number is Not Acceptable) 2506 SE. WILLOUGHBY BLVD City STUART FL Zip Code 34994
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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 DATE **4/24/00**

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMA, FRANK 9040 BELVEDERE RD WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 2506 S.E. WILLOUGHBY BLVD STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURINO, ALBERT T 9040 BELVEDERE RD WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 2506 S.E. WILLOUGHBY BLVD STUART FL 34994
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 my address, with all other like empowered.

SIGNATURE: **SIGNATURES REQUIRED** DATE **4/24/00** DAYTIME PHONE # **561-743-4678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR