

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018168

1. Entity Name
1900 DEVELOPMENT GROUP, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90207 046 ***150.00

Principal Place of Business 3014 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33405	Mailing Address 3014 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33405-1623
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 2001 Broadway		4. FEI Number 65-0943581		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 500		5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State Riviera Beach FL		5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip 33404	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAREY, PHILIP
3014 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33405**

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 _____ DATE _____
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, WILLIAM	NAME	
STREET ADDRESS	3014 SOUTH OLIVE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, PHILIP	NAME	
STREET ADDRESS	3014 SOUTH OLIVE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied in 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 supplement 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 authorized 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: *Philip Carey* _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)