

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90158 002 \*\*\*150.00

**DOCUMENT # P99000026948**

1. Entity Name  
**CENTRECORP REALTY ASSOCIATES, INC.**



Principal Place of Business  
**ONE NORTH CLEMATIS STREET  
SUITE 305  
WEST PALM BEACH FL 33401**

Mailing Address  
**ONE NORTH CLEMATIS STREET  
SUITE 305  
WEST PALM BEACH FL 33401**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0919339**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIENER, DAVID J  
ONE NORTH CLEMATIS STREET  
SUITE 305  
WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/26/03**

**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 **DVT** ☐ Delete  
NAME **GREEN, ROBERT S**  
STREET ADDRESS **2851 JOHN STREET STE 1**  
CITY-ST-ZIP **ONTARIO, CA**

TITLE **DVT** ☒ Change ☐ Addition  
NAME **Green, Robert S.**  
STREET ADDRESS **2851 John Street, Suite One**  
CITY-ST-ZIP **Markham, Ontario L3R 5R7 Canada**

TITLE **PSD** ☒ Delete  
NAME **BERNICK, LARRY**  
STREET ADDRESS **ONE NORTH CLEMATIS STREET, SUITE 305**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PSD** ☐ Change ☒ Addition  
NAME **Hamilton, Tom**  
STREET ADDRESS **One North Clematis Street, Suite 305**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **V** ☒ Delete  
NAME **RAYMOND, WARREN A**  
STREET ADDRESS **2401 PGA BLVD., STE. 280**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

**Centrecorp Realty Associates, Inc.**

**SIGNATURE:**

By: **SIGNATURE**

**2-26-03**

**561-835-1810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)