2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000031344

1. Entity Name

PINE HILL PROPERTIES INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90199 050 ***163.75



Name and Address of Sumes Sume Agency May Super Agenc								_							
2. Simple Place of Business Suria, Apt. v. etc. City & State City & City & State City & City & State City & Ci	734 BUCK HENI Suite a	DRY WAY	,	734 BL SUITE	734 BUCK HENDRY WAY SUITE A										
City & State City & State City & State City & State Country Country Country Country Country Country S. Cartificate of Status Dosered To Status Dosered S. Cartificate of Status Dosered S. Cartificat	2. Principal Pla	ce of Busin	ess	3. Maili	3. Mailing Address					\$8118 18141 1 811	68 111 36 111 8	818 8 1418	1 11888 11111	91011 0101 1001	
City & State City & State City & State City & State City Country Exp Country Exp Country Exp Country Exp Country Exp Ex	Suite, Apt. #	, etc.		Suite	Suite, Apt. #, etc.										ı
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent TESTA, LEONARD J 734 BUCK, HENDRY WAY SUITE A STUART FL 34994 S. The above named entity submits this statement for the purpose of changing its registered disco or registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent age	City & State			City	City & State			4. FE	El Number	11-23440	20		No	ot Applicable	
TESTA, LEONARD J 734 BUCK HENDRY WAY SUITE A STUART FL 34984 8. The above named entity submits this statement for the purpose of changing its registered dilico or registered agent, or both, in the State of Florida. I am familiar winn, and accept the above named entity submits this statement for the purpose of changing its registered dilico or registered agent, or both, in the State of Florida. I am familiar winn, and accept the above named entity submits this statement for the purpose of changing its registered dilico or registered agent, or both, in the State of Florida. I am familiar winn, and accept the above named entity submits in the state of Florida gent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May 8b Added to Fees will be \$550.00 May 8b Added	Zip Country			Zip	Zip Count								e Require		-
STEETA, LEONARD J T73 BUCK, HENDRY WAY SUITE A STUART FI, 34994 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 obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am famil	<u></u>	6 Name	and Address of Curr	nt Registere	d Agent	1===		7. Na	ame and Ac	dress of Ne	w Registe	red Ag	ent		ı
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 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 delicipations of registered agent for pursed name of registered agent and the registered agent and the delicipations of registered agent are state of Florida. I am familiar with, and accept the delicipations of registered agent are state of Florida. I am familiar with, and accept the delicipations of registered agent are state of Florida. I am familiar with, and accept the delicipations of registered agent are state of Florida. I am familiar with, and accept the delicipations of registered agent are state of Florida. I am familiar with, and accept the delicipation of Posts of P	·	O. IVAIIIE					Name								1
SUITE A STUART FL 34994 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, ligate or private name of registered agent and time if applicable FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME TESTA, LEO S STREST ADDRESS CITY-ST-2P DIVILLS NY 11746 Detele TITLE NAME SIRET ADDRESS CITY-ST-2P DETECTORS CITY-ST-2P Detele TITLE NAME SIRET ADDRESS CITY-ST-2P DETECTORS CITY-ST-2P Detele TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE TITL								Street Address (P.O. Box Number is Not Acceptable)							
B. 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, local or private name of registered agent. SIGNATURE Signature, local or private name of registered agent and life if apolicative NOTE: Registered Agent lagrature valuate show recessaring) DAIN: FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ITTLE PTS LEO S STRETA ADDRESS CITY-51-2P DX HILLS NY 11746 ITTLE NAME SIRET ADDRESS CITY-51-2P DEVINE Devine ITTLE NAME SIRET ADDRESS CITY-51-2P TITLE SIRE		חבאטאו	TVAI 1										1 7:- 0-		
THE NAME SIRET ADDRESS OTTY-ST-ZIP TITLE NAME SI													' '		-
FILE NOW!!! FEE IS \$150.00 May Be Added to Fees Added to F	8. The above the obligati	named enti ons of regis	ty submits this statementered agent.	nt for the purp	ose of changing its	s register	ed office or regi	stered age	ent, or both,	in the State o	i riorida. 1	amiai	milai witi		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE =	Signature, type	d or printed name of registered a	gent and title if app	licable. (NO	TE: Registere	ed Agent signature req	uired when rei	instating)		D	ATE			}
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	After	May 1, 20	03 Fee will be \$550.	00				ļ				9 1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Make Check	Payable t			<u></u>				DITIONS/C	HANGES TO	OFFICERS	AND	DIRECTO	RS IN 11	1
NAME	10.		OFFICERS A	ND DIRECTO				ADI	THONSTO	IANGLOTO	011102.10				3
NAME	TITLE				L Delete		ľ						-		2
NAME						1									14
NAME	-	25 PINE DIX HILL	NY 11746									<u></u>			- 55 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		☐ Defete	TITI	LE							Addition	5
CITY-ST-ZIP						1									ì
TITLE	STREET ADDRESS						1								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	_				CII	Y-SI-ZIP						- Change	moltibba*[=]	4-
STREET ADDRESS CITY-ST-ZIP Change Addition	TITLE				☐ Delete		i					-	Onlings	,	İ
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	NAME	ļ	•			1									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP							 		<u> </u>			Change	e 🔲 Addition	7
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete								_ `		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME														
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		ļ					1								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	GHY-51-ZIP	 -			□ Delete					·			Change	e 🔲 Additior	·
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition CHANGE STREET ADDRESS CITY-ST-ZIP)				☐ Delete		1								
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition Change Addition CHANGE STREET ADDRESS CITY-ST-ZIP															
TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP						cr	TY-ST-ZIP		_						_
NAME STREET ADDRESS CITY-ST-ZIP		┼			☐ Delete	TI	ILE	**					Chang	e 🔲 Addition	١
STREET ADDRESS CITY-ST-ZIP		[_ 5000										
CITY-ST-ZIP		1				SI	REET ADDRESS								
12. Thereby 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 Lam an officer or director	AUDI AT ZID														
	19 horoby	certify that	the information supplie	d with this filin	g does not qualify	for the ex	xemption stated	in Section	1 119.07(3)(i	, Florida Stat	tutes. I furti	her cer	tify that th	e information cer or director	

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR