## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State P99000087216 **DOCUMENT #** 1. Entity Name 05-23-2002 90116 004 \*\*\*150.00 PITRFA, INC. Mailing Address Principal Place of Business 150 E PALMETO PARK ROAD STE 700 150 E PALMETO PARK ROAD STE 700 **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business 951 Broken Sound Pkwi Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 1998 Suite Applied For City & State 4. FEI Number City & State 65-0949740 Not Applicable Radon £ί \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required talm Beach - - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Stacey GRIFFITHS ESG Address (P.O. Box Number is Not Acceptable) I Broken Sound Pkmy GELLER, BETH M 150 E PALMETO PARK ROAD STE 700 **BOCA RATON FL 33432** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State $\Box$ (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change TITLE ☐ Delete TITLE 951 Broken sound pkusy, wite 195 NAME GRILLO, VICTOR N SR NAME STREET ADDRESS 150 E PALMETTO PARK RD STREET ADDRESS BOCA ROOM, FL 33487 CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Change ☐ Addition X Delete TITLE TITLE NAME GELLER, BETH M NAME 150 E. PALMETTO PARK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Addition Change TITLE TITLE WYSOCKI, RAYMOND J JR NAME NAME STREET ADDRESS 10 CALIFORNIA AVE STREET ADDRESS CITY-ST-ZIP FRAMINGHAM MA 01701 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 trusted empowered to execute this report is 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 expressed.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

. CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-23-02

561-999-9441

☐ Change

☐ Addition

Daytime Phone #