

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90991 023 \*\*\*150.00

03060000 AV

**DOCUMENT # P99000109148**

1. Entity Name

FLA-PWH III, INC.



Principal Place of Business  
GARDEN CORPORATE CENTER  
3801 PGA BLVD. SUITE 600  
PALM BEACH GARDENS FL 33410

Mailing Address  
GARDEN CORPORATE CENTER  
3801 PGA BLVD. SUITE 600  
PALM BEACH GARDENS FL 33410

11022070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0968170

Applied For

Not Applicable

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

REGSERV CORP.  
GARDENS CORP CENTER  
3801 PGA BLVD, SUITE 600  
PALM BEACH GARDENS FL 33410

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

**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 **D** ☒ Delete  
NAME **FERRUCCI, MARK A**  
STREET ADDRESS **1209 ORANGE STREET, CT CORP. SYSTEM**  
CITY-ST-ZIP **WILMINGTON DE 19801**

TITLE **D** ☐ Change ☒ Addition  
NAME **Taide Baez**  
STREET ADDRESS **941 Fourth Street**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **VPST** ☐ Delete  
NAME **DISALVO, PATRICK J**  
STREET ADDRESS **3801 PGA BOULEVARD, SUITE 600**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **DPCED** ☐ Delete  
NAME **REDINA, BRUCE A**  
STREET ADDRESS **3801 PGA BOULEVARD, SUITE 600**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **VPAS** ☐ Delete  
NAME **JURAN, LAWRENCE B**  
STREET ADDRESS **3801 PGA BOULEVARD, SUITE 600**  
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

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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

4/1/03 (561) 630-5085

Date

Daytime Phone #

CR2E034 (10/02)