

# 2002 UNIFORM BUSINESS REPORT (UBR)

\$150.00

0209091 AV

DOCUMENT # **S65557**

1. Entity Name  
**PALM BAY BISCAYNE, INC.**

FILED

02 APR 18 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3225 AVIATION AVENUE  
4TH FLOOR  
MIAMI FL 33133

Mailing Address

3225 AVIATION AVENUE  
4TH FLOOR  
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE PENNSYLVANIA PLAZA

Suite, Apt. #, etc.

SUITE 4400

City & State

NEW YORK, NY

Zip

10119

Country

3. Mailing Address

ONE PENNSYLVANIA PLAZA

Suite, Apt. #, etc.

SUITE 4400

City & State

NEW YORK, NY

Zip

10119

Country

4. FEI Number **65-0272269**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH LTD  
1406 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, **400005431404--8**

-05/02/02--01063--011

\*\*\*1376.25 \*\*\*\*150.00

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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, 2002 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

TITLE **PD** ☐ Delete  
NAME **MORTON, THOMAS A.R.**  
STREET ADDRESS **3225 AVIATION AVE 4TH FL**  
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete  
NAME **MURPHY, THOMAS**  
STREET ADDRESS **3225 AVIATION AVENUE 4TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **S** ☐ Delete  
NAME **SKOPP, FREDRIC M.**  
STREET ADDRESS **3225 AVIATION AVENUE 4TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **AS** ☐ Delete  
NAME **CONDE, CRISTINA**  
STREET ADDRESS **3225 AVIATION AVENUE 4TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **MORTON, THOMAS A.R.**  
STREET ADDRESS **6990 N.W. 97 AVENUE**  
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☒ Change ☐ Addition  
NAME **MURPHY, THOMAS**  
STREET ADDRESS **ONE PENNSYLVANIA PLAZA, SUITE 4400**  
CITY-ST-ZIP **NEW YORK, NY 10119**

TITLE ☒ Change ☐ Addition  
NAME **SKOPP, FREDRIC M.**  
STREET ADDRESS **6990 N.W. 97 AVENUE**  
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☒ Change ☐ Addition  
NAME **CONDE, CRISTINA**  
STREET ADDRESS **3785 N.W. 82 AVENUE, STE 417**  
CITY-ST-ZIP **Miami, FL 33166**

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

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

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 trustee empowered 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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-2002

Date

(305) 418-3185

Daytime Phone #

CR2E034 (9/01)