

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S65557**

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



FILED

03 MAY 12 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**ONE PENNSYLVANIA PLAZA  
SUITE 4400  
NEW YORK NY 10119**

Mailing Address  
**ONE PENNSYLVANIA PLAZA  
SUITE 4400  
NEW YORK NY 10119**

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 **65-0272269**

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

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE FL 32301-0000**

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 **PD** ☐ Delete  
NAME **MORTON, THOMAS A**  
STREET ADDRESS **6990 NW 97 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **S** ☒ Change ☐ Addition  
NAME **Skopp, Fredric M.**  
STREET ADDRESS **1605 Main Street, Suite 711**  
CITY-ST-ZIP **Sarasota FL 34236**

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

TITLE **AS** ☒ Change ☐ Addition  
NAME **Conde, Cristina**  
STREET ADDRESS **6990 NW 97 Ave., Unit 5**  
CITY-ST-ZIP **Miami FL 33178**

TITLE **S** ☒ Delete  
NAME **SKOPP, FREDRIC M.**  
STREET ADDRESS **6990 NW 97 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition  
NAME **800019741978**  
STREET ADDRESS **05/22/03--01068--008 \*\*\$50.00**  
CITY-ST-ZIP

TITLE **AS** ☒ Delete  
NAME **CONDE, CRISTINA**  
STREET ADDRESS **3785 NW 82 AVENUE, STE 417**  
CITY-ST-ZIP **MIAMI FL 33166**

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**

04-24-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

0617682 AT