

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90036 033 ***150.00

DOCUMENT # V09565
1. Entity Name
10111 SOUTH FEDERAL CORPORATION

Principal Place of Business
1601 BELEVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH FL 33406

Mailing Address
1601 BELEVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH FL 33406

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip **Country** **Zip** **Country**

4. FEI Number **65-0318898** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GERSON, GARY N.
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

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, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change	☐ Addition	
NAME	METZ, JOHN L	NAME			
STREET ADDRESS	8008 SOUTH FLAGLER COURT	STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL	CITY-ST-ZIP			
TITLE	CDS ☐ Delete	TITLE	☐ Change	☐ Addition	
NAME	MEYER, ARTHUR	NAME			
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407 SOUTH	STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL	CITY-ST-ZIP			
TITLE	P ☐ Delete	TITLE	☐ Change	☐ Addition	
NAME	ASARCH, GAIL	NAME			
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407 SOUTH	STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL	CITY-ST-ZIP			
TITLE	T ☐ Delete	TITLE	☐ Change	☐ Addition	
NAME	MAPES, PAUL	NAME			
STREET ADDRESS	1601 BELVEDERE ROAD #407 S	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: SIG. Arthur Meyer **4/1/02** **(561)689-6601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)