

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90233 017 \*\*\*550.00

061746 AT

DOCUMENT # **V14140**

1. Entity Name  
**MYSTIC POINTE REALTY CORP.**



Principal Place of Business  
~~315 EAST 73RD ST  
APT 4  
NEW YORK NY 10021~~

Mailing Address  
~~C/O MICHAEL MOLLOD  
315 EAST 73RD ST-APT 4  
NEW YORK NY 10021~~



2. Principal Place of Business  
**c/o DAYS INN - M. Molloy**

3. Mailing Address  
**c/o Michael Molloy**

Suite, Apt. #, etc.  
**7450 Ocean Terrace**

Suite, Apt. #, etc.  
**25 Adam Lane**

City & State  
**Miami Beach, FL**

City & State  
**Westhampton Beach, NY**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0758439**

Applied For  
 Not Applicable

Zip **33141**

Country **USA**

Zip **11978**

Country **USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MOLLOD, MICHAEL A  
C/O DAYS INN NORTH BEACH  
7450 OCEAN TERRACE  
MIAMI BEACH FL 33141**

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 **DPT**  Delete  
NAME **MOLLOD, MICHAEL A**  
STREET ADDRESS **315 EAST 73RD ST APT #4**  
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE **same**  Change  Addition  
NAME **same**  
STREET ADDRESS **25 Adam Lane**  
CITY-ST-ZIP **Westhampton Beach, NY 11978**

TITLE **VS**  Delete  
NAME **WHITNEY, JULIE**  
STREET ADDRESS **315 EAST 73RD ST APT #4**  
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE **same**  Change  Addition  
NAME **same**  
STREET ADDRESS **25 Adam Lane**  
CITY-ST-ZIP **Westhampton Beach, NY 11978**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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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)(l), 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: Michael Molloy, Presl. 4-25-03 631-288-2133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR12E034 (10/02)