

**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

Zip
33141

Country
USA

Zip
11978

Country
USA

4. FEI Number **65-0758439**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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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)(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.* **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)