

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33296

1. Entity Name

ULTIMATE PROPERTY MANAGEMENT, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90253 014 ***150.00

Principal Place of Business

190 SE 5TH AVE
DELRAY BEACH FL 33483
US

Mailing Address

6850 NORTHWEST 2ND AVENUE
SUITE 26
BOCA RATON FL 33487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0329656

Applied For

Not Applicable

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

ADELSON, DIANE S.
6850 NORTHWEST 2ND AVENUE
SUITE 26
BOCA RATON FL 33487

Name

ADELSON, DIANE S.

Street Address (P.O. Box Number is Not Acceptable)

190 S.E. 5TH AVENUE

City

DELRAY BEACH

FL

Zip Code

33483

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:

Diane S. Adelson
Signature, typed or printed name of registered agent and title if applicable.

DIANE S. ADELSON

04-16-01

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 DPST ☐ Delete
NAME ADELSON, DIANE S
STREET ADDRESS 6850 NW 2 AVE #26
CITY-ST-ZIP BOCA RATON FL

TITLE DPST ☒ Change ☐ Addition
NAME ADELSON, DIANE S
STREET ADDRESS 190 S.E. 5TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

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
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
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:

Diane S. Adelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIANE S. ADELSON 04-16-01 561-272-1600

CR2E034 (10/00)