

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90050 031 ***150.00

DOCUMENT # **V 33296**

1. Entity Name
ULTIMATE PROPERTY MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

644721

2. Principal Place of Business
190 SE 5TH AVE
Suite, Apt. #, etc.
DELRAY BEACH, FLORIDA
City & State

3. Mailing Address
190 SE 5TH AVE
Suite, Apt. #, etc.
DELRAY BEACH, FLORIDA
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0329656**
Applied For
Not Applicable

Zip **33483** Country **PALM BEACH**
Zip **33483** Country **PALM BEACH**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ADELSON, DIANE S 190 SE 5TH AVENUE DELRAY BEACH, FL 33483
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **DIANE S. ADELSON** **DIANE S. ADELSON** **04-16-02** **561-272-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)