

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90017 019 \*\*\*\*61.25

DOCUMENT # **N94000001603**

1. Entity Name

**ABERDEEN COMMERCIAL CENTER ASSOCIATION, INC.**



Principal Place of Business

1630 S. CONGRESS AVE.  
 # 300  
 PALM SPRINGS FL 33461

Mailing Address

1630 S. CONGRESS AVE.  
 # 300  
 PALM SPRINGS FL 33461  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0769175**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REGSERV CORP.**  
**222 LAKEVIEW AVE.**  
**17TH FLOOR**  
**W. PALM BEACH FL 33401**

|  |          |
|--|----------|
| 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. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
|---|---|--|---------------------------------|------|----------------|--|----------------|--------------------------------|--|-------------|------------------------|--|---|-------|--|--|------|--|--|----------------|--|--|-------------|--|--|
| <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>YUNES, HANK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1650 S CONGRESS AVE, SUITE 300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALMS SPRINGS FL 33437</td> <td></td> </tr> </table>  | TITLE   | PD   | Delete                          | NAME | YUNES, HANK    |  | STREET ADDRESS | 1650 S CONGRESS AVE, SUITE 300 |  | CITY-ST-ZIP | PALMS SPRINGS FL 33437 |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>                                 | TITLE |  | <input checked="" type="checkbox"/> Addition                                 | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | PD  | Delete   |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  | YUNES, HANK   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 1650 S CONGRESS AVE, SUITE 300                        |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | PALMS SPRINGS FL 33437                                |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input checked="" type="checkbox"/> Addition                                 |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td>VD</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>HILL, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1630 S CONGRESS AVE SUITE 300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM SPRINGS FL 33461</td> <td></td> </tr> </table>   | TITLE   | VD   | Delete                          | NAME | HILL, ROBERT   |  | STREET ADDRESS | 1630 S CONGRESS AVE SUITE 300  |  | CITY-ST-ZIP | PALM SPRINGS FL 33461  |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>   | TITLE |  |  | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | VD  | Delete   |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  | HILL, ROBERT  |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 1630 S CONGRESS AVE SUITE 300                         |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | PALM SPRINGS FL 33461                                 |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| TITLE   |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td>STD</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>CORRIPIO, KATE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1630 S. CONGRESS AVE., # 300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM SPRINGS FL 33461</td> <td></td> </tr> </table> | TITLE   | STD  | Delete                          | NAME | CORRIPIO, KATE |  | STREET ADDRESS | 1630 S. CONGRESS AVE., # 300   |  | CITY-ST-ZIP | PALM SPRINGS FL 33461  |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | STD   | Delete   |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  | CORRIPIO, KATE  |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 1630 S. CONGRESS AVE., # 300                          |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | PALM SPRINGS FL 33461                                 |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  | TITLE   |  | <input type="checkbox"/> Delete | NAME |                |  | STREET ADDRESS |                                |  | CITY-ST-ZIP |                        |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   |   | <input type="checkbox"/> Delete  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  | TITLE   |  | <input type="checkbox"/> Delete | NAME |                |  | STREET ADDRESS |                                |  | CITY-ST-ZIP |                        |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>            | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   |   | <input type="checkbox"/> Delete  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  | TITLE   |  | <input type="checkbox"/> Delete | NAME |                |  | STREET ADDRESS |                                |  | CITY-ST-ZIP |                        |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>            | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   |   | <input type="checkbox"/> Delete  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |                                 |      |                |  |                |                                |  |             |                        |  |   |       |  |  |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(i), Florida Statutes. I further certify that the information indicated on this 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 changed, or on an agent as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HANK YUNES** PRESIDENT

Date 9/12/00

Daytime Phone #

312E037 (5/00)