

2002 UNIFORM BUSINESS REPORT (UBR)

\$150.00

0209091 AV

DOCUMENT # **S65557**

1. Entity Name
PALM BAY BISCAYNE, INC.

FILED

02 APR 18 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3225 AVIATION AVENUE
4TH FLOOR
MIAMI, FL 33133

Mailing Address

3225 AVIATION AVENUE
4TH FLOOR
MIAMI, FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE PENNSYLVANIA PLAZA

Suite, Apt. #, etc.

SUITE 4400

City & State

NEW YORK, NY

Zip

10119

Country

3. Mailing Address

ONE PENNSYLVANIA PLAZA

Suite, Apt. #, etc.

SUITE 4400

City & State

NEW YORK, NY

Zip

10119

Country

4. FEI Number

65-0272269

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH LTD
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

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, **400005431404--8**

-05/02/02--01063--011

1376.25 *150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when remaining)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE PD Delete
NAME MORTON, THOMAS A.R.
STREET ADDRESS 3225 AVIATION AVE 4TH FL
CITY-ST-ZIP MIAMI FL

TITLE TD Delete
NAME MURPHY, THOMAS
STREET ADDRESS 3225 AVIATION AVENUE 4TH FLOOR
CITY-ST-ZIP MIAMI FL 33133

TITLE S Delete
NAME SKOPP, FREDRIC M.
STREET ADDRESS 3225 AVIATION AVENUE 4TH FLOOR
CITY-ST-ZIP MIAMI FL 33133

TITLE AS Delete
NAME CONDE, CRISTINA
STREET ADDRESS 3225 AVIATION AVENUE 4TH FLOOR
CITY-ST-ZIP MIAMI FL 33133

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME MORTON, THOMAS A.R.
STREET ADDRESS 6990 N.W. 97 AVENUE
CITY-ST-ZIP Miami, FL 33178

TITLE Change Addition
NAME MURPHY, THOMAS
STREET ADDRESS ONE PENNSYLVANIA PLAZA, SUITE 4400
CITY-ST-ZIP NEW YORK, NY 10119

TITLE Change Addition
NAME SKOPP, FREDRIC M.
STREET ADDRESS 6990 NW 97 AVENUE
CITY-ST-ZIP Miami, FL 33178

TITLE Change Addition
NAME CONDE, CRISTINA
STREET ADDRESS 3785 NW 82 AVENUE, STE 417
CITY-ST-ZIP Miami, FL 33166

TITLE Change Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-2002

Date

(305) 418-3185

Daytime Phone #

CR2E034 (9/01)