

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0617692 AT

DOCUMENT # **S65557**



FILED

03 MAY 12 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
PALM BAY BISCAIYNE, INC.

Principal Place of Business
**ONE PENNSYLVANIA PLAZA
SUITE 4400
NEW YORK NY 10119**

Mailing Address
**ONE PENNSYLVANIA PLAZA
SUITE 4400
NEW YORK NY 10119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0272269**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000**

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 _____ (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 **PD** Delete
NAME **MORTON, THOMAS A**
STREET ADDRESS **6990 NW 97 AVENUE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **S** Change Addition
NAME **Skopp, Fredric M.**
STREET ADDRESS **1605 Main Street, Suite 711**
CITY-ST-ZIP **Sarasota FL 34236**

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

TITLE **AS** Change Addition
NAME **Conde, Cristina**
STREET ADDRESS **6990 NW 97 Ave., Unit 5**
CITY-ST-ZIP **Miami FL 33178**

TITLE **S** Delete
NAME **SKOPP, FREDRIC M.**
STREET ADDRESS **6990 NW 97 AVENUE**
CITY-ST-ZIP **MIAMI FL 33178**

Change Addition
800019741978
05/22/03--01068--008 **650.00

TITLE **AS** Delete
NAME **CONDE, CRISTINA**
STREET ADDRESS **3785 NW 82 AVENUE, STE 417**
CITY-ST-ZIP **MIAMI FL 33166**

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-03

Date

Daytime Phone #

CR2E034 (10/02)