

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 326228

FILED

00 AUG -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

016044

1. Entity Name
TUFF REALTY CORPORATION

Principal Place of Business C/O FRANK GULISANO, SUMMIT REALTY DEVELOP. 6700 NORTHWEST BROKEN SOUND PKWY, STE 201 BOCA RATON FL 33487 US	Mailing Address C/O PAUL S. FORSTER, ESQ. 132 HOOPER AVENUE STATEN ISLAND NY 10306-3726 US
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2. Principal Place of Business 606 East Chapman Avenue Suite, Apt. #, etc. 201	3. Mailing Address P.O. Box 458 Suite, Apt. #, etc.
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City & State Orange, California	City & State Orange, California	4. FEI Number 59-1974264	Applied For <input type="checkbox"/> Not Applicable
Zip 92866-1601	Country US	Zip 92856-6458	Country US

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

6. Name and Address of Current Registered Agent
GULISANO, FRANK
SUMMIT REALTY DEVELOPMENT CORP.
6700 NORTHWEST BROKEN SOUND PKWY, STE 201
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City: Plantation FL Zip Code: 33324

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: Connie Bryan SPECIAL ASSISTANT SECRETARY
DATE: August 4, 2000

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, 2000 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 NAME PD ELIA, DOUGLAS E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2332 N 7TH STREET	
CITY-ST-ZIP TERRE HAUTE IN 47804-1803	
TITLE NAME DV CAIAZZA, BRIAN A	<input type="checkbox"/> Delete
STREET ADDRESS 25-32 35TH STREET, APT 3E	
CITY-ST-ZIP ASTORIA NY 11102	
TITLE NAME STD ELIA-MICHAEL-E	<input type="checkbox"/> Delete
STREET ADDRESS 619 ESPLANADE	
CITY-ST-ZIP PELHAM NY 10803	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD CAIAZZA, PASQUALE P., JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 606 East Chapman Avenue, Suite 201	
CITY-ST-ZIP Orange, California 92866-1601	
TITLE NAME STD CARACCI, JOHNEAN K.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 606 East Chapman Avenue, Suite 201	
CITY-ST-ZIP Orange, California 92866-1601	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Michael E. Elia SECRETARY
DATE: 1/18/2000 (718) 667-1948

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #

CR2E034 (9/99)