

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90050 045 ***150.00

DOCUMENT # 463310



1. Entity Name
SKLAR REAL ESTATE ENTERPRISES, INC.

Principal Place of Business
**1335 LINCOLN ROAD
MIAMI BEACH FL 33139**

Mailing Address
**1335 LINCOLN ROAD
MIAMI BEACH FL 33139**

2. Principal Place of Business
Suite, Apt. #, **20454 WEST DIXIE HIGHWAY
MIAMI FL 33180**

3. Mailing Address



CHECK HERE IF MAKING CHANGES

City & State _____

4. FEI Number **59-1632022** Applied For _____
Not Applicable

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

Zip _____ Country _____ Zip _____ Country _____

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

SMITH, JOSE
11900 BISCAYNE BLVD
SUITE 760
MIAMI FL 33181

Name _____
Street Address (P.O. Box Number is Not Acceptable)
2450 N.E. Miami Gardens Dr. 2nd FL
City **N. Miami Beach** FL Zip Code **33180**

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

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	PDS	<input type="checkbox"/> Delete
NAME	SKLAR, REBECA	
STREET ADDRESS	1335 LINCOLN ROAD	
CITY-ST-ZIP	MB FL	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	SKLAR, ISAAC	
STREET ADDRESS	1335 LINCOLN RD	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20454 west Dixie Highway	
CITY-ST-ZIP	Miami, FL 33180	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20454 west Dixie Highway	
CITY-ST-ZIP	Miami, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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** **1/21/03 (305)933-8107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)