

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90030 045 \*\*\*150.00

**DOCUMENT # J05601**

1. Entity Name  
**FIRST FLORIDA REAL ESTATE CORP.**

Principal Place of Business  
 1322 N.E. 4TH AVENUE  
 FT LAUDERDALE FL 33304

Mailing Address  
 1322 N.E. 4TH AVENUE  
 FT LAUDERDALE FL 33304

2. Principal Place of Business  
**1322 NE 4 Ave**  
 Suite, Apt. #, etc. **D**

3. Mailing Address  
**1322 NE 4 Ave**  
 Suite, Apt. #, etc. **D**



DO NOT WRITE IN THIS SPACE

City & State  
**Foot-Laud FL**  
 Zip  
**33304**  
 Country  
**U.S.A**

City & State  
**Foot-Laud FL**  
 Zip  
**33304**  
 Country

4. FEI Number **59-2656774**

Applied For  
 Not Applicable

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

**JULES, HENRY**  
**7380 PLANTATION RD.**  
**PLANTATION FL 33311**

Name **None**  
 Street Address (P.O. Box Number is Not Acceptable)  
**None**  
 City **None** **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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-06-01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                  | STREET ADDRESS            | CITY-ST-ZIP                    | <input type="checkbox"/> Delete |
|-------|-----------------------|---------------------------|--------------------------------|---------------------------------|
|       | <b>P LEONOR JULES</b> | <b>1604 N.W. 7TH AVE.</b> | <b>FT. LAUDERDALE FL 33311</b> | <input type="checkbox"/>        |
|       |                       |                           |                                | <input type="checkbox"/>        |
|       |                       |                           |                                | <input type="checkbox"/>        |
|       |                       |                           |                                | <input type="checkbox"/>        |
|       |                       |                           |                                | <input type="checkbox"/>        |
|       |                       |                           |                                | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                | <b>None</b> |                                 |                                   |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

DATE **1-06-01**

Daytime Phone #