2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # M54397** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** KRYSTAL MARCUS REALTY & ASSOCIATES, INC. 01-12-2000 90084 046 ***150.00 Principal Place of Business Mailing Address 20803 BISCAYNE BLVD 20803 BISCAYNE BLVD SUITE 105 SUITE 105 AVENTURA FL 33180 **AVENTURE FL 33180-1429** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0092136 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERLOW, JEFFREY M., ESQ. Street Address (P.O. Box Number is Not Acceptable) PERLMAN AND PERLOW P.A. 1820 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PST Change Change ☐ Addition ☐ Delete TITLE PST TITLE MARCUS, KRYSTAL C. NAME NAME Krystal C. Marcus 19655 EAST COUNTRY CLUB DR., #508 STREET ADDRESS STREET ADDRESS 19501 E. Country Club Dr. #602 CITY-ST-ZIP N. MIAMI BEACH FL CITY-ST-ZIP Aventura FL 33180 ☐ Addition ☐ Delete TITLE TITLE MARCUS, JUDITH NAME NAME Judith Marcus 19655 EAST COUNTRY CLUB DR., #508 STREET ADDRESS STREET ADDRESS 19501 E. Country Club Dr. #602 N. MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP Aventura FL 33180 -- Change Addition → Delete --TITLE - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing des 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 adopt at 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 by trustee empowered to explain 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 attachmer address, with all **l**e empowèred.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR