## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 04, 2000 8:00 am Secretary of State OCUMENT # M75454 BEVERLY HILLS REALTY & INVESTMENTS, INC. 05-04-2000 90099 013 \*\*\*150.00 Mailing Address rincipal Place of Business 4000 HOLLYWOOD BLVD. HOLLYWOOD BLVD. 950732 **SUITE 265-S** 265-S HOLLYWOOD 33 33021-6751 TWIND 33 33021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0045186 Not Applicable \$8.75 Additional Zip Country 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 Name EISINGER, DENNIS J Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BOULEVARD SUITE 265-S HOLLYWOOD FL 33021 Zip Code City Fl 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) Addition Delete TITLE EISINGER, DENNIS J. NAME NAME STREET ADDRESS STREET ADDRESS 3502 OTTAWA LANE CITY-ST-7IP CITY-ST-ZIP COOPER CITY FL Addition ☐ Change ☐ Delete TITLE NAME EISINGER, DEBRA W. NAME STREET ADDRESS STREET ADDRESS 3502 OTTAWA LANE CITY-ST-ZIP CITY-ST-7IP COOPER CITY FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED**