2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001861

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90197 044 ****70.00

1. Entity Name

SOUTH FLORIDA BOARD OF REALTISTS, INC.

Principal Place of Business	Mailing Address
18350 NW AVE STE 1500 MIAMI FL 33169	18350 NW AVE STE 1500 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
610 NW 183 RD STREET	610 NW 183 RD STREET
Suite, Apt. #, etc.: 6	Suite, Apt. #, etc.: 6
City & State: MIAMI FL.	City & State: MIAMI FL.
Zip: 33169 Country: MIAMI DADE	Zip: 33169 Country: MIAMI DADE

4. FEI Number: 65-0244264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEMP, LAMARR D SR.
401 CLANCEY CIRCLE
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name: MARIE BREVIT-SCHOOP

Street Address (P.O. Box Number is Not Acceptable): 20401 NW 2ND AVE STE 220

City: MIAMI FL Zip Code: 33169

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: [signature] [signature] x 4/27/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ELLIS, JOSEPH 1000 PONCE DELEON #212 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ELLIS, JOSEPH 1000 PONCE DE LEON, #212 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KONG-HOLNESS, MARIA 1733 NW 38 AVE. LAUDERHILL FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURRAY, MILTON 1000 PONCE DE LEON, #212 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LINWOOD, YOLETTE 610 NW 183 ST., #2 MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LESLY, BERNARD 111 N.W. 183 RD ST. #421 MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 617, 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] VICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 Date

305 653 3580 Daytime Phone #