

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90016 026 \*\*\*150.00

**DOCUMENT # P00000100902**

1. Entity Name  
**CONTINUUM REAL ESTATE, INC.**



Principal Place of Business <b>300 SOUTH POINTE DRIVE #506          MIAMI BEACH FL 33139</b>	Mailing Address <b>300 SOUTH POINTE DRIVE #506          MIAMI BEACH FL 33139</b>
---	---

7375



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-1058716</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FRANCO, JACK          111 ALTON ROAD          MIAMI BEACH FL 33139</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHN LENNON</b>	NAME	NAME	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>300 S. POINTE DRIVE #506</b>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SECRETARY - TREASURER</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JACK FRANCO</b>	NAME	NAME	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>111 ALTON ROAD</b>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:  **JACK FRANCO** **4/30/01** **305-695-9898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)