

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075032

1. Entity Name

D.F. REALTY, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90008 009 ***150.00

Principal Place of Business 3400 ONE BISCAYNE TOWER TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131	Mailing Address 3400 ONE BISCAYNE TOWER TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131-1006
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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 65-0461268	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC
3400 ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **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 _____ 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	DS <input type="checkbox"/> Delete
NAME	DE FILIPPO, GIOVANNI
STREET ADDRESS	ONE BISCAYNE TOWER TWO S. BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL
TITLE	DP <input type="checkbox"/> Delete
NAME	DE FILIPPO, GLAUCO
STREET ADDRESS	ONE BISCAYNE TOWER TWO S. BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL
TITLE	DVP <input type="checkbox"/> Delete
NAME	DE FILIPPO, MAURO
STREET ADDRESS	ONE BISCAYNE TOWER TWO S. BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **3/23/00** **305-376-6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **GLAUCO DEFILIPPO** Daytime Phone #

CR2E034 (9/99)