

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90152 036 ***150.00

DOCUMENT # P93000084187

1. Corporation Name

BANKERS REAL ESTATE PARTNERS, INC.



Principal Place of Business

3000 BOGOTA AVE
COOPER CITY FL 33026
US

Mailing Address

3000 BOGOTA AVE
COOPER CITY FL 33026
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1993

4. FEI Number

65-0456380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 299 ALHAMBRA Circle

Suite, Apt. #, etc.

22 Ste 404

City & State

23 CORAL GABLES FL

Zip

24 FL 33134

Country

US

2a. Mailing Address

26 299 ALHAMBRA Circle

Suite, Apt. #, etc.

27 Ste 404

City & State

28 CORAL GABLES FL

Zip

29 33134

Country

30 US

9. Name and Address of Current Registered Agent

KHOSRAVI, SHAWN
3000 BOGOTA AVE
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name

S. SHAWN KHOSRAVI

82 Street Address (P.O. Box Number is Not Acceptable)

299 ALHAMBRA Circle

83

STE 404

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

S. KHOSRAVI

Signature, typed or printed name of registered agent and title if applicable.

(NOT a Registered Agent signature required when reinstating)

DATE

MAY 2/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME KHOSRAVI, SHAWN
STREET ADDRESS 3000 BOGOTA AVE
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAWN KHOSRAVI

Date

Daytime Phone #

MAY 2/99
305-461-0667

CR2E034 (11/98)

0146895