

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010194

1. Entity Name
ADVANTAGE ASSOCIATES REALTY, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90094 005 ***150.00

Principal Place of Business 2126 NE 123RD ST NORTH MIAMI FL 33181 US	Mailing Address 2126 NE 123RD ST NORTH MIAMI FL 33181-2902 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2126 NE 123rd Street</i>	3. Mailing Address <i>2126 NE 123rd Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>North Miami</i>	City & State <i>North Miami</i>
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4. FEI Number 65-0736109	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

Zip <i>33181</i>	Country <i>USA</i>	Zip <i>33181</i>	Country <i>USA</i>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WYNN, CANDY L
2126 NE 123RD ST
SUITE 214-A
NORTH MIAMI FL 33181

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 PD	<input type="checkbox"/> Delete
NAME WYNN, CANDY L	
STREET ADDRESS 2126 NE 123RD ST	
CITY-ST-ZIP NORTH MIAMI FL 33181	
TITLE STD	<input type="checkbox"/> Delete
NAME LESNIAK, ROSE	
STREET ADDRESS 2126 NE 123RD ST	
CITY-ST-ZIP NORTH MIAMI FL 33181	
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	

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: *[Signature]* **4/13/2000** **305-895-5911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)