## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # **P97000035027** 1. Entity Name MOR REAL ESTATE INVESTMENTS, INC. 01-23-2001 90122 045 \*\*\*158.75 Principal Place of Business Mailing Address 13951 NW 8 STREET 13951 NW 8 STREET SUNRISE FL 33325 SUNRISE FL 33325 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0755754 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Anderson ST. Denis ATLAS, MARK Street Addréss (P.O. Box Number is Not Acceptable) **6363 NW 6TH WAY** BUCA SUITE 420 FT LAUDERDALE FL 33324 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME GOLDSTEIN, MARK NAME STREET ADDRESS 13951 NW STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33325 TITLE ☐ Delete TITLE Change ☐ Addition LUTTINGER, OWEN RICHARD NAME NAME STREET ADDRESS 13951 NW 8 STREET STREET ADDRESS CITY-ST-7IP SUNRISE FL 33325 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition LUTTINGER, OWEN NAME NAME STREET ADDRESS 13951 NW 8TH STREET STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33325 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 dustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: