

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90027 011 \*\*\*150.00

**DOCUMENT # P98000098776**

1. Entity Name  
**NAM REAL ESTATE CORP.**

Principal Place of Business <b>100 S.E. SECOND STREET          SUITE 2750          MIAMI FL 33131</b>	Mailing Address <b>100 S.E. SECOND STREET          SUITE 2750          MIAMI FL 33131</b>
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2. Principal Place of Business <b>200 S. Biscayne Blvd          Suite, Apt. #, etc.          Suite 1880</b>	3. Mailing Address <b>200 S. Biscayne Blvd          Suite, Apt. #, etc.</b>
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City & State <b>Miami, FL 33131</b>	City & State
Zip <b>33131</b>	Country

City & State	City & State
Zip	Country

4. FEI Number <b>65-0903023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GOLDSTEIN, DAVID M ESQ.  
 100 S.E. SECOND STREET  
 SUITE 2750  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **David M. Goldstein, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Biscayne Blvd, #1880**  
 City **Miami** FL Zip Code **33131**

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 **2/6/01**  
(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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GOLDSTEIN, DAVID M ESQ. 100 S.E. SECOND STREET SUITE 2750 MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 S. Biscayne Blvd, Suite 1880 Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR ALVIN I. MALNIK 8780 HORSESHOE LN. BOCA RATON, FL 33496</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: Director DATE **2/6/01** (305) 372-3535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)