

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104959

1. Entity Name

AMERICAN FLORIDA REALTY, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90056 046 ***150.00

Principal Place of Business Mailing Address
3951 N HAVERHILLE RD STE 208 3951 N HAVERHILLE RD STE 208
WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417

2. Principal Place of Business 3. Mailing Address
1481 S Military Trail #12 1481 S Military Trail #12
Suite, Apt. #, etc. Suite, Apt. #, etc.
12



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
West Palm Beach FL 33415 West Palm Beach FL 33415 65-0881660 Not Applicable
33415 USA Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MULLER, ED Lisa Wilde
3951 N HAVERHILLE RD STE 208 Street Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33417 1481 S Military Trail #12
West Palm Beach FL 33415

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 *Lisa Wilde* DATE 1/21/2000
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D Lisa Wilde	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLER, ED		NAME	1481 S Military Trail #12	
STREET ADDRESS	3951 N HAVERHILLE RD STE 208		STREET ADDRESS	West Palm Beach FL 33415	
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Lisa Wilde* Date 2/10/00 Daytime Phone # 561-966-7566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)