

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90603 042 ***150.00

0187853

DOCUMENT # 306707

1. Entity Name
9379 REALTY CORP.

Principal Place of Business
**9365 COLLINS AVE.
 SURFSIDE FL 33154**

Mailing Address
**9365 COLLINS AVE.
 SURFSIDE FL 33154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1154706**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDELSTEIN, BERNARD S.
 9365 COLLINS AVE.
 SURFSIDE FL 33154**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDELSTEIN, A.J.	
STREET ADDRESS	40 ISLAND AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDELSTEIN, BERNARD	
STREET ADDRESS	9365 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	S	<input type="checkbox"/> Delete
NAME	EDELSTEIN, MARGARET	
STREET ADDRESS	9341 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	V	<input type="checkbox"/> Delete
NAME	FEINBERG, IRWIN L.	
STREET ADDRESS	3 JAEGGER DRIVE	
CITY-ST-ZIP	OLD BROOKVILLE NY	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Bernard Edelstein*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-864-0842

CR2E034 (10/00)