

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90210 034 ***150.00

DOCUMENT # L 01000019368

1. Entity Name

COMMERCIAL PROPERTY REALTY ADVISORS, LLC

DO NOT WRITE IN THIS SPACE

961116

2. Principal Place of Business
2400 W. Cypress Creek Rd.

3. Mailing Address
2400 W. Cypress Creek Rd.

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33309

Country
USA

Zip
33309

Country
USA

4. FEI Number

65-1151507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

James A. Cherof, Esquire

Street Address (P.O. Box Number is Not Acceptable)

3099 East Commercial Blvd.

Suite 200

City

Ft. Lauderdale

FL

Zip Code
33308

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
MGRM
Elias Porras
2400 W. Cypress Creek Rd, #300
Ft. Lauderdale, FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGMR
Ronald A. Schagrin
2400 W. Cypress Creek Rd, #300
Ft. Lauderdale, FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGMR
M.J. Reese Stigliano
2400 W. Cypress Creek Rd, #300
Ft. Lauderdale, FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD A. SCHAGRIN 4-23-02 954-491-4707

Date

Daytime Phone #

CR2E034B (12/01)