2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90256 005 ***150.00

DOCUMENT # 280514

1. Entity Name

ALAN & LEE REALTY CORP

Principal Place of Business	Mailing Address
~~18678 NE 10TH AVE~~ ~~NORTH MIAMI BEACH FL 33162~~ US 7597 Cinebar Dr Boca Raton, FL 33433	7597 CINEBAR DR BOCA RATON FL 33433-6116 US

DO NOT WRITE IN THIS SPACE

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 59-1061651 ☐ Applied For ☐ Not Applicable

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
KESSLER, BERNARD J. ESQ 1770 E LAS OLAS BLVD, #307 FT LAUDERDALE FL 33301	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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KESSLER, HELEN 300 DIPLOMAT PKWY HALLANDALE, FL 00000 deceased	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST MITCHEL, TAMARA 7597 CINEBAR DR BOCA RATON, FL. 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDST MITCHEL, TAMARA 7597 CINEBAR DR BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP + ASS'T SEC BERNARD J. KESSLER 6109 Balboa Circle #103 BOCA RATON, FL. 33433	☒ Change ☐ Addition
TITLE V.P / NAME / STREET ADDRESS / CITY-ST-ZIP	MITCHEL, ALAN 6839 MERCER WAY MERCER ISLAND, WA 98040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE AS / NAME / STREET ADDRESS / ST-ZIP	STOLLMAN, LAUREN 3720 CANTERBURY WAY BOCA RATON, FL. 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
NAME / STREET ADDRESS / ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
NAME / STREET ADDRESS / ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Tamara Mitchel, Pres. 2/17/00 561-750-0439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #