2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 396820** Feb 24, 2000 8:00 am **Secretary of State** SUMMIT REALTY AND DEVELOPMENT CORP. 02-24-2000 90015 026 ***150.00 Mailing Address Principal Place of Business 6700 N.W. BROKEN SOUND PARKWAY 6700 N.W. BROKEN SOUND PARKWAY SUITE 201 SUITE 201 BOCA RATON FL 33487-2777 **BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1381305 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAUST, MARC L Street Address (P.O. Box Number is Not Acceptable) 2699 S BAYSHORE DRIVE SUITE 700A **MIAMI FL 33133** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so-Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Delete TITLE TITLE GULISANO, FRANK J. NAME NAME 6700 NW BROKEN SOUND PARKWAY #201 STREET ADDRESS 2914 BANYAN BLVD CIR NW STREET ADDRESS BOCA RATON, FLORIDA 33487 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition TITLE ☐ Delete TITLE **GULISANO, CAROLE** NAME NAME STREET ADDRESS 2914 BANYAN BLVD CIR NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition - -- - Delete -TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Defete TITLE TITLE 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.

FRANK J. GULISANO

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

561-994-0919

Daytime Phone #