

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 399735

1. Entity Name

I.R.E. INVESTMENTS, INC

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90065 037 \*\*\*150.00

Principal Place of Business

P.O. BOX 5403  
 FT. LAUDERDALE FL 33310-5403  
 US

Mailing Address

P. O. BOX 5403  
 FT. LAUDERDALE FL 33310-5403  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1399724**

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

LEVAN, ALAN B.  
 1750 E. SUNRISE BLVD.  
 3RD FLOOR  
 FT. LAUDERDALE FL 33304

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**  
**LEVAN, ALAN B**  
**1750 E. SUNRISE BLVD., 3RD FLOOR**  
**FT. LAUDERDALE FL 33304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VTS**  
**GILBERT, GLEN R.**  
**1750 E. SUNRISE BLVD., 3RD FLOOR**  
**FT. LAUDERDALE FL 33304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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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: GLEN R. GILBERT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GLEN R. GILBERT**  
**Executive Vice President**

4/25/2000  
 Date

Daytime Phone #

CR2E034 (9/99)