

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430625

1. Entity Name

PLUS REALTY INC.

Principal Place of Business

1859 N. PINE ISLAND RD.
PLANTATION FL 33322

Mailing Address

1859 N. PINE ISLAND RD.
PLANTATION FL 33322

2. Principal Place of Business

10371 NW 20 CT

3. Mailing Address

10371 NW 20 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

4. FEI Number

59-1622107

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON ANTHONY
1801 N. PINE ISLAND ROAD STE 102B
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name
JOHNSON ANTHONY
Street Address (P.O. Box Number is Not Acceptable)
10371 NW 20 CT
City
SUNRISE FL Zip Code
33322

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

Anthony Johnson

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

(NOTE: Registered Agent signature required when reinstating)

1/14/02

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

TITLE PD
NAME JOHNSON ANTHONY ☐ Delete
STREET ADDRESS 11860 NW 25 ST
CITY-ST-ZIP PLANTATION FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JOHNSON ANTHONY ☒ Change ☐ Addition
STREET ADDRESS 10371 NW 20 CT
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400004853584--9
-02/01/02--01053--036
***150.00 ***150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400004853584--9
-02/01/02--01053--037
***150.00 ***150.00

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

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

TITLE ☐ Change ☐ 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:

Anthony Johnson

ANTHONY JOHNSON PRESIDENT 1/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required

FILED

02 JAN 17 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

**PLUS REALTY, INC.
1859 N. PINE ISLAND RD.
PLANTATION FL 33322**

January 14, 2002

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

**REF: PLUS REALTY, INC.
DOCUMENT#:430625**

Dear Sir or Madam:

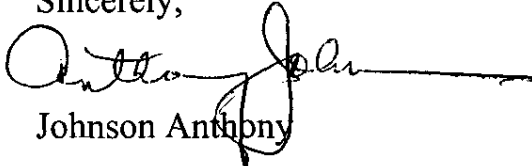
Please be advised that the above mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$150.00.

Please advise.

Your cooperation is appreciated.

Sincerely,


Johnson Anthony

JA/re