# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 24, 2000 8:00 am**
**Secretary of State**
05-24-2000 90178 027 ***150.00

DOCUMENT # 479250

1. Entity Name

~~GLOBAL REALTY INVESTORS, INC~~ FACTORY HOME REALTY INC

| Principal Place of Business | Mailing Address |
|---|---|
| ~~P.O. BOX 402566~~<br>~~MIAMI BEACH FL 33140~~<br>~~US~~ | P.O. BOX 402566<br>MIAMI BEACH FL 33140-0566<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3065 FOREST HILL BLVD<br>Suite, Apt. #, etc. | 3065 FOREST HILL BLVD<br>Suite, Apt. #, etc. |
| City & State: WEST PALM BEACH, FL | City & State: WEST PALM BEACH, FL |
| Zip: 33406 Country: ~~PALM BEACH~~ USA | Zip: 33406 Country: USA |

4. FEI Number 59-1607260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WINKELMAN, CHARLES L.
5600 COLLINS AVE 90
MIAMI BEACH FL 33140

**7. Name and Address of New Registered Agent**

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 | P<br>WINKELMAN, CHARLES L.<br>5600 COLLINS AVE 90<br>MIAMI BEACH FL 33140 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>SCOTT, AIDA R.<br>1788 FAIRHAVEN PLACE<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E034 (9/99)

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:** Charles L Winkelman 305'865'8425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #