

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
 03-22-2000 90033 011 ***150.00

DOCUMENT # **482245**
 i. Entity Name
FENSTER Realty Inc ✓

Principal Place of Business Mailing Address
500 JEFFREY M. FENSTER
Suite 307 Broward Blvd
8751 Plantation Fl 33324

2. Principal Place of Business 3. Mailing Address
8751 W. Broward Blvd 8751 W. Broward Blvd on file
 Suite, Apt. #, etc. Suite, Apt. #, etc.
207 307
 City, State City, State
Plantation Plantation Fl
 Zip Country Zip Country
33324 Broward 33324 US

DO NOT WRITE IN THIS SPACE
 4. FEI Number **591618340** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JEFFREY M FENSTER
500
8751 W. Broward Blvd
Plantation Fl 33324

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
 TITLE ☐ Delete
JEFFREY M FENSTER
PRES 8751 W. Broward Blvd
Plantation Fl 33324
 TITLE ☐ Delete
SECRETARY
JOSHUA S. FENSTER
853 W. Cocoplum Cir
Plantation Fl 33324
 TITLE ☐ Delete
 TITLE ☐ Delete
 TITLE ☐ Delete
 TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 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
 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: **Presided** 3/13/00 954-477-1500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)