

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90058 006 \*\*\*150.00

**DOCUMENT # 494189**

1. Entity Name

**GENERAL REALTY CORPORATION**

Principal Place of Business

**1681 KENNEDY CSWY-NORTH BAY VILLAGE. FL  
 N. BAY VILLAGE FL 33141**

Mailing Address

**1681 KENNEDY CSWY-NORTH BAY VILLAGE. FL  
 N. BAY VILLAGE FL 33141**

2. Principal Place of Business

**300 71 STREET**

3. Mailing Address

**300 71 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 301**

**301**

City & State

City & State

**MIAMI BEACH, FL.**

**MIAMI BEACH, FL.**

Zip

Zip

Country

Country

**33141**

**USA**

**33141**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROEDER, WILLIAM**

**1681 79TH ST CAUSEWAY**

**MIAMI FL 33141**

**300 71 STREET Suite 301**

**MIAMI BEACH, FL. 33141**

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROEDER, WILLIAM</b>	NAME	
STREET ADDRESS	<b>1681 KENNEDY CAUSEWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH, FL. 33141</b> <input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02**

**305-864-2283**

Date

Daytime Phone #

CR2E034 (9/01)