## 2000 UNIFORM BUSINESS REPORT. (UBR) DOCUMENT # \554803 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name CONTINENTAL REALTY SERVICES, INC. 04-12-2000 90174 043 \*\*\*150.00 Principal Place of Business Mailing Address 7651 ESTRELLA CIR 7651 ESTRELLA CIR **BOCA RATON FL 33433-1649 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 7071 RAIN FOREST XR 7071 RAIN FOREST DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2460506 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 334*3*5 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSS, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 7651 ESTRELLA CIR **BOCA RATON FL 33433** 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 ent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition ☐ Delete TITLE ROSS, ROBERT D NAME NAME 7071 RAIN FOREST DR BOWA EATON H33434 STREET ADDRESS STREET ADDRESS 7651 ESTRELLA CIR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Change - 🖸 Delete 🚤 TITLE - --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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:

ROBULT D. ROSS

ACER OR DIRECTED

3/4/10 51/45/4400

Daytime Phone #