

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 555617**

1. Entity Name

SCHMALE REALTY, INC.**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90499 015 ***150.00

Principal Place of Business

**120 E. OAKLAND PARK BLVD.
SUITE 105
FORT LAUDERDALE FL 33334
US**

Mailing Address

**120 E. OAKLAND PARK BLVD.
SUITE 105
FT. LAUDERDALE FL 33334
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

120 E. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite 105, PMB 339

City & State

Ft Lauderdale, FL

Zip

33334

Country

USA4. FEI Number **59-1955460**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SCHMALE, GAIL J
3500 GALT OCEAN DRIVE APT 2602
FT LAUD FL 33308**

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
SCHMALE, GAIL J.
3500 GALT OCEAN DRIVE
FT. LAUDERDALE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHMALE, GAIL J.
3500 GALT OCEAN DRIVE
FT. LAUDERDALE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:*GAIL J. SCHMALE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)