2001/UNIFORM BUSINESS REPORT (UBR)

Aug 29, 2001 8:00 am \$ Secretary of State 561587 DOCUMENT # 1. Entity Name CONCORD REALTY, INC. 08-29-2001 90009 011 ***400.00 Principal Place of Business Mailing Address 262 COMMERCIAL BLVD 262 COMMERCIAL BLVD Lauderdale-by-the-sea FL 33308 C0075741 LAUDERDALE-BY-THE-SEA FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1826530 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAZIOLI, JAMES C. Street Address (P.O. Box Number is Not Acceptable) 262 COMMERCIAL BLVD LAUDERDALE -BY-THE-SEA FL 33308 City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Change HASEY, WILLIAM J NAME NAME STREET ADDRESS 200 COMPASS DRIVE STREET ADDRESS CITY-ST-7IP FT LAUDERDALE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FAZIOLI, MARILYN NAME STREET ADDRESS 262 COMMERCIAL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE TITLE : ☐ Change ☐ Addition -- -- Delete NAME FAZIOLI, JAMES C NAME STREET ADDRESS 262 COMMERCIAL STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HASEY, REGINA NAME STREET ADDRESS 200 COMPASS DRIVE STREET ADDRESS CITY-ST-ZIF FT LAUDERDALE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

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