

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 584711

1. Entity Name

HERMAN J. SOIFER REAL ESTATE, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90071 002 ***158.75

Principal Place of Business
7260 VIA VERONA
DELRAY BEACH FL 33446

Mailing Address
7260 VIA VERONA
DELRAY BEACH FL 33446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1886770	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOIFER, HERMAN J. 530 JEFFERSON RD APT 113 DEERFIELD BCH. FL 33442		Name: <u>HERMAN J. SOIFER</u> Street Address (P.O. Box Number is Not Acceptable): <u>7260 VIA VERONA</u> City: <u>DELRAY BCH</u> FL Zip Code: <u>33446</u>	

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] DATE: 1/10/2001

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: SOIFER, HERMAN J STREET ADDRESS: 531 VIA GENOVA CITY-ST-ZIP: DEERFIELD BCH. FL	<input type="checkbox"/> Delete	TITLE: PD NAME: HERMAN J. SOIFER STREET ADDRESS: 7260 VIA VERONA CITY-ST-ZIP: DELRAY BCH. FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SV NAME: GALBO, DEBRA C. STREET ADDRESS: 531 VIA GENOVA CITY-ST-ZIP: DEERFIELD BCH. FL	<input type="checkbox"/> Delete	TITLE: SV NAME: GALBO, DEBRA C. STREET ADDRESS: 7260 VIA VERONA CITY-ST-ZIP: DELRAY BCH. FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] Pres. DATE: 1/10/2001 (S.D.) 638-3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0314656

CR2E034 (10/00)