

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90038 005 ***150.00

DOCUMENT # 585538

1. Entity Name
UNITED REAL ESTATE PROPERTIES, INC.

Principal Place of Business
**4779 TIVOLI PLACE
SARASOTA, FL 34235-3649**

Mailing Address
**4779 TIVOLI PLACE
SARASOTA, FL 34235-3649**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1842261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DANTE, MAROTTO M
4779 TIVOLI PLACE
SARASOTA, FL 34235-3649**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MAROTTO, DANTE M 4779 TIVOLI PL SARASOTA, FL 342353649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D. Vice president (Vice President) (Director) 4779 Tivoli Place SARASOTA FL 34235 3649</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director, Vice President (Vice President) (Director) 4779 Tivoli Place SARASOTA FL 34235 3649</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

Date

Daytime Phone #

Dante M. Marotto Feb 2, 2005 (941) 360-1600