

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90341 002 ***150.00

DOCUMENT # 595049

1. Entity Name
SOUTHERN-AIRE REALTY, INC.

Principal Place of Business
5823 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33484
US

Mailing Address
5823 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33484
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1863241**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GROSSMAN, HERBERT M
4800 NORTH FEDERAL HWY
STE. 200E
BOCA RATON FL 33431

Name
Street **Herbert M Grossman**
5823 Vintage Oaks Circle
City **Delray Beach, Florida 33484**
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 _____ (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.

ORS IN 11
je ☐ Addition

TITLE **P** ☐ Delete
NAME **GROSSMAN, HERBERT M**
STREET ADDRESS **5823 VINTAGE OAKS CIR**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE
NAME **Herbert M Grossman**
STREET ADDRESS **5823 Vintage Oaks Circle**
CITY-ST-ZIP **Delray Beach, Florida 33484**

je ☐ Addition

TITLE ☐ Delete
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CITY-ST-ZIP

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☐ Change ☐ Addition

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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 another like empowered.

SIGNATURE: *Herbert M Grossman Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Feb 3 2001** Daytime Phone # **495 4911**

CR2E034 (10/00)