

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90183 001 \*\*\*150.00

DOCUMENT # 633862

1. Entity Name

REAL ESTATE INVESTMENT BROKERS, INC.

Principal Place of Business

5600 COLLINS AVE

#14V

MIAMI BEACH FL 33140

US

Mailing Address

C/O LOWELL STEIGLER

9200 BAY HARBOR TERRACE, APT. #3-D

BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

9200 BAY HARBOR TERRACE

3. Mailing Address

Suite, Apt. #, etc.

APT. # 3D

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City &amp; State

BAY HARBOR ISLANDS, FL.

City &amp; State

4. FEI Number

59-1928450

Applied For

Not Applicable

Zip

33154

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐\$8.75-Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIRNKRANT, MRS HONORE

5600 COLLINS AVE

#7E

MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

LOWELL STEIGLER

Street Address (P.O. Box Number is Not Acceptable)

9200 BAY HARBOR TERRACE

APT. # 3D

City

BAY HARBOR ISLANDS FL

Zip Code

33154

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

3/27/2002 2002

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, 2002 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

TITLE PD  
NAME STEIGLER, LOWELL E. ☐ Delete  
STREET ADDRESS 5600 COLLINS AVE #14V  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME STEIGLER, LOWELL E.  
STREET ADDRESS 9200 BAY HARBOR TERRACE - APT. #3D  
CITY-ST-ZIP BAY HARBOR ISLANDS FLORIDA 33154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2002 (305) 861-1248

Date

Daytime Phone #

0243148 AV

CR2E034 (9/01)