2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649186 (24)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90050 049 ***150.00

1. Entity Name

BETTER INVESTMENT & REALTY CORP.

Principal Place of Business: 2700 W Atlantic BLVD. POMPANO Beach, FL 33069

Mailing Address: SAME

770352

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: SAME

3. Mailing Address: SAME

Suite, Apt. # etc.: 200

Suite, Apt. # etc.:

City & State: Pompano Beach

City & State:

Zip: FL 33069 Country: BROWARD

Zip: Country:

4. FEI Number: 59-1958399 — Applied For / Not Applicable

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

6. **Name and Address of Current Registered Agent**

Nader Anise Esquire
1900 Glades RD.
Boca Raton, FL 33431

7. **Name and Address of New Registered Agent**

Name

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

City FL 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: FARIS FOUAD STREET ADDRESS: 2841 N. Ocean Blvd-1904 CITY-ST-ZIP: Fort Laud FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 all other like empowered.

SIGNATURE: Fouad Anise PR. 4/30/01 (954) 566-5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #