

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90137 001 \*\*\*\*61.25

**DOCUMENT # 719813**

1. Entity Name

**COMMERCIAL INDUSTRIAL REAL ESTATE BROKERS ASSOCI**

Principal Place of Business

Mailing Address

2787 E OAKLAND PK BLVD  
 SUITE 212  
 FT LAUDERDALE FL 33306  
 US

2787 E OAKLAND PK BLVD  
 SUITE 212  
 FT LAUDERDALE FL 33306  
 US

00044600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1315903**

Applied For

Not Applicable

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

**BYRN, LESTER A JR**  
**1280 SW 36 AVE # 104**  
**POMPANO BEACH FL 33069**

Name

**Robert A. Slutsky**

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

**412 SE 18 Street**

City

**Fort Lauderdale**

FL

Zip Code

**33316**

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

**Robert A. Slutsky, President 4-3-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BYRON, LESTER A JR.</b>	
STREET ADDRESS	<b>6363 NW 6<sup>TH</sup> Way #470</b>	
CITY-ST-ZIP	<b>Fort Lauderdale FL 33309</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORRISON, FRANK B</b>	
STREET ADDRESS	<b>871 E COMMERCIAL BLVD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, R. BRUCE</b>	
STREET ADDRESS	<b>6400 N. ANDREWS AVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEVY, ALAN</b>	
STREET ADDRESS	<b>5353 N FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALBERTS, KATHLEEN</b>	
STREET ADDRESS	<b>3195 N POWERLINE RD</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL 33334</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHILL, W. NICHOLAS</b>	
STREET ADDRESS	<b>190 W GLADES RD #C</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33069</b>	

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert A. Slutsky</b>	
STREET ADDRESS	<b>412 SE 18 Street</b>	
CITY-ST-ZIP	<b>Fort Lauderdale FL 33316</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>St. George Gaardabussi</b>	
STREET ADDRESS	<b>412 SE 18 Street</b>	
CITY-ST-ZIP	<b>Fort Lauderdale FL 33316</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Leon Banks</b>	
STREET ADDRESS	<b>6363 NW 6<sup>TH</sup> Way #470</b>	
CITY-ST-ZIP	<b>Fort Lauderdale FL 33309</b>	
TITLE	<b>TD Karen Bridger</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6363 NW 6<sup>TH</sup> Way #470</b>	
STREET ADDRESS	<b>Fort Lauderdale FL 33309</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b> Mitch Fogel</b>	
STREET ADDRESS	<b>2500 N Military Trail #111</b>	
CITY-ST-ZIP	<b>Boca Raton FL 33431</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lloyd Berger</b>	
STREET ADDRESS	<b>4300 N University Drive #C202</b>	
CITY-ST-ZIP	<b>Lauderhill FL 33351</b>	

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 617, 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:

**Robert A. Slutsky, President 4-3-01 954-566-5738**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)