

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90167 032 \*\*\*\*61.25

**DOCUMENT # 719813**

1. Entity Name

**COMMERCIAL INDUSTRIAL REAL ESTATE BROKERS ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

SLUTSKY, ROBERT A.  
412 SE 18 STREET  
FORT LAUDERDALE FL 33316

Name

**St. George Guardabassi**

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

**412 SE 18 Street**

**Fort Lauderdale FL**

City

**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

*[Signature]*

**St. George Guardabassi, President**

**1-15-02**

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

(NOTE: Registered Agent signature required when reinstalling)

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	P	<input type="checkbox"/> Delete
NAME	SLUTSKY, ROBERT A	
STREET ADDRESS	412 SE 18 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUARDABUSSI, ST. GEORGE	
STREET ADDRESS	412 SE 18 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BANKS, LEON	
STREET ADDRESS	6363 NW 6TH WAY # 470	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRIDGES, KAREN	
STREET ADDRESS	6363 NW 6TH WAY # 470	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOGEL, MITCH	
STREET ADDRESS	2500 N MILITARY TRAIL # 111	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGER, LLOYD	
STREET ADDRESS	4300 N UNIVERSITY DRIVE # C 202	
CITY-ST-ZIP	LAUDERHILL FL 33351	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2810 E Oakland Park BLVD	
CITY-ST-ZIP	33306	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARDABASSI	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

**SIGNATURE: X** *[Signature]* **ST. George Guardabassi** **1-15-02** **954-760-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)