

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90001 031 ***150.00

DOCUMENT # F21002

1. Entity Name

MOLKO REALTY ENTERPRISES, INC.

Principal Place of Business

~~524 ARTHUR GODFREY RD~~ **1458 OCEAN DR**
~~#302~~
MIAMI BCH FL 33140
US

Mailing Address

~~524 ARTHUR GODFREY RD~~ **1458 OCEAN DRIVE**
~~#302~~
MIAMI BCH FL 33140
US

2. Principal Place of Business

1458 OCEAN DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

1458 OCEAN DRIVE
 Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL
 Zip **33139** Country **U.S.**

City & State

MIAMI BEACH, FL
 Zip **33139** Country **U.S.**

4. FEI Number

59-2066099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOLKO, RONALD S.
~~5500 COLLINS AVENUE #2204~~
~~MIAMI BEACH FL 33140~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
891 CAPTIVA DRIVE
 City **HOLLYWOOD, FL** Zip Code **33019**

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) ☐

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

TITLE ☐ Delete
 NAME **PST**
 STREET ADDRESS **MOLKO, RONALD S**
 CITY-ST-ZIP **5500 COLLINS AVE #2204**
MIAMI BEACH FL

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MOLKO, RONALD S**
 CITY-ST-ZIP **5500 COLLINS AVE #2204**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **891 CAPTIVA DRIVE**
 CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **891 CAPTIVA DRIVE**
 CITY-ST-ZIP **HOLLYWOOD, FL 33019**

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)