

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90042 006 ***150.00

UBR0001

DOCUMENT # F60003

1. Entity Name
WILLIAM I. DONNER REALTY, INC.

Principal Place of Business Mailing Address
~~33 SW 2ND AVE~~ **150 SE 2ND AVE.** 150 S.E. 2ND AVENUE
~~MIAMI FL 33130~~ **STE. 500** SUITE 500
US MIAMI, FL 33131 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **59-2164604** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DONNER, WILLIAM I.
9408 W BROADVIEW DR
BAY HARBOR ISLAND FL 33154

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DONNER, WILLIAM I	9408 W BROADVIEW DR	BAY HARBOR ISLAND FL		
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **04/19/2001** **305-375-9422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)