

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F61633

1. Entity Name

MAURICE PERLOW REALTY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90149 039 ***150.00

| | |
|--|---|
| Principal Place of Business C/O JEFFREY M PERLOW 1820 E HALLANDALE BCH BLVD HALLANDALE FL 33009 | Mailing Address C/O JEFFREY M PERLOW 1820 E HALLANDALE BCH BLVD HALLANDALE FL 33009-4717 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-2148680 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M
1820 E HALLANDALE BCH BLVD
HALLANDALE FL 33009

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, 2000 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 | P <input type="checkbox"/> Delete |
| NAME | PERLOW, MAURICE |
| STREET ADDRESS | 1920 E HALLANDALE BEACH BLVD / STE - 601 |
| CITY-ST-ZIP | HALLANDALE FL |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | PERLOW, ELEANOR |
| STREET ADDRESS | 1920 E HALLANDALE BEACH BLVD / STE - 601 |
| CITY-ST-ZIP | HALLANDALE FL |
| TITLE | ST <input type="checkbox"/> Delete |
| NAME | PERLOW, JEFFREY M |
| STREET ADDRESS | 1920 E HALLANDALE BEACH BLVD / STE - 601 |
| CITY-ST-ZIP | HALLANDALE FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | <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 | |

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: *Maurice Perlow* **Secretary** Date: 4/28/00 Daytime Phone #: (954) 454-7766

CR2E034 (9/99)