

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90011 039 ***150.00

DOCUMENT # F61633

1. Entity Name

MAURICE PERLOW REALTY, INC.

Principal Place of Business

Mailing Address

C/O JEFFREY M PERLOW
 1820 E HALLANDALE BCH BLVD
 HALLANDALE FL 33009

C/O JEFFREY M PERLOW
 1820 E HALLANDALE BCH BLVD
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

1250 E. HALLANDALE BCH BLVD *1250 E. HALLANDALE BCH BLVD*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1007

#1007

City & State

City & State

HALLANDALE, FL

HALLANDALE, FLA

Zip

Country

Zip

Country

33009

BROWARD

33009

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2148680

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLOW, MAURICE
STREET ADDRESS	1250 E. HALLANDALE BCH. BLVD
CITY-ST-ZIP	HALLANDALE BCH., FL
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLOW, ELEANOR
STREET ADDRESS	1250 E HALLANDALE BCH. BLVD
CITY-ST-ZIP	HALLANDALE BCH., FL.
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MAURICE PERLOW

PREP.

2/13/01

(954) 457-7100

Date

Daytime Phone #

CR2E034 (10/00)