

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90156 041 ***150.00

DOCUMENT # F61633

1. Entity Name

MAURICE PERLOW REALTY, INC.



Principal Place of Business

C/O JEFFREY M PERLOW
1250 E HALLANDALE BCH BLVD # 1007
HALLANDALE FL 33009

Mailing Address

C/O JEFFREY M PERLOW
1250 E HALLANDALE BCH BLVD # 1007
HALLANDALE FL 33009

2. Principal Place of Business

1001 N. Federal Highway

Suite, Apt. #, etc.

361

City & State

Hallandale Beach, Florida

Zip

33009

Country

U.S.A.

3. Mailing Address

1001 N. Federal Highway

Suite, Apt. #, etc.

361

City & State

Hallandale Beach, Florida

Zip

33009

Country

U.S.A.



MOORE

CR2E034 (11/03)

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

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

7. Name and Address of New Registered Agent

Name

JEFFREY M. PERLOW

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

18901 N. E. 29th Avenue

Suite 100

City

Aventura

FL

Zip Code

33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PERLOW, MAURICE**
STREET ADDRESS **1250 E HALLANDALE BCH BLVD # 1007**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **V** ☐ Delete
NAME **PERLOW, ELEANOR**
STREET ADDRESS **1250 E HALLANDALE BCH BLVD # 1007**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **ST** ☐ Delete
NAME **PERLOW, JEFFERY M**
STREET ADDRESS **20801 BISCAYANE BLVD**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Perlow, Maurice**
STREET ADDRESS **1001 N. Federal Highway, Suite 361**
CITY-ST-ZIP **Hallandale Beach, Fl. 33009**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Perlow, Eleanor**
STREET ADDRESS **1001 N. Federal Highway, Suite 361**
CITY-ST-ZIP **Hallandale Beach, Fl. 33009**

TITLE **Secretary-Treasurer** ☒ Change ☐ Addition
NAME **Perlow, Jeffrey M.**
STREET ADDRESS **1001 N. Federal Highway, Suite 361**
CITY-ST-ZIP **Hallandale Beach, Fl. 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Jeffrey M. Perlow

Date

4/29/04

Daytime Phone #