

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90025 015 ***150.00

DOCUMENT # F93000005677



1. Entity Name
MAINE REALTY SERVICES CORPORATION

Principal Place of Business
**2100 SPANISH RIVER RD
BOCA RATON FL 33432
US**

Mailing Address
**P.O. BOX 2078
FT LEE NJ 07024**



2. Principal Place of Business

3. Mailing Address

20320 FAIRWAY OAKS DR

Suite, Apt. #, etc.

343

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

Zip

33434

Country

USA.

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEIT, MATIS A

**2100 SPANISH RIVER RD.
BOCA RATON FL 33432**

Name

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

20320 FAIRWAY OAKS DR

City

BOCA RATON

FL

Zip Code

33434

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

1/4/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	FEIT, MATIS	
STREET ADDRESS	2100 SPANISH RIVER RD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input type="checkbox"/> Delete
NAME	FEIT, ELAINE B	
STREET ADDRESS	2100 SPANISH RIVER RD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEIT, STEVEN	
STREET ADDRESS	2100 SPANISH RIVER RD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
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	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20320 FAIRWAY OAKS DR	
STREET ADDRESS	BOCA RATON FL 33434	
CITY-ST-ZIP		
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	BOCA RATON FL 33434	
CITY-ST-ZIP		
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20320 FAIRWAY OAKS DR	
STREET ADDRESS	BOCA RATON FL 33434	
CITY-ST-ZIP		
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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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/03

CR2E034 (10/02)