

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004458

1. Entity Name

CELLULAR REALTY ADVISORS, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90050 044 \*\*\*150.00

Principal Place of Business Mailing Address  
ONE EAST BROWARD BLVD ONE EAST BROWARD BLVD  
SUITE 601 SUITE 601  
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301-1872

2. Principal Place of Business 3. Mailing Address  
One East Broward Blvd. Same

Suite, Apt. #, etc. Suite, Apt. #, etc.  
601

City & State City & State  
Ft. Lauderdale FL

Zip Country Zip Country  
33301 USA

4. FEI Number 36-4038521 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

~~C-I CORPORATION SYSTEM~~ \*ALREADY CHANGED  
~~1200 SOUTH PINE ISLAND ROAD~~ \*PLEASE SEE  
~~PLANTATION FL 33324~~ ATTACHED

Name  
Lawrence D. Schiller  
Street Address (P.O. Box Number is Not Acceptable)  
6710 Royal Orchid Circle  
City Delray Beach FL Zip Code 33446

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 Lawrence D. Schiller LAWRENCE D. SCHILLER- 3/3/00  
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDC	<input type="checkbox"/> Delete	TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLER, LAWRENCE		NAME	Schiller, Lawrence	
STREET ADDRESS	118 N. CLINTON ST., #100		STREET ADDRESS	One East Broward Blvd. Suite 601	
CITY-ST-ZIP	CHICAGO IL 60661		CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, SIDNEY J		NAME	Marx, Sidney J	
STREET ADDRESS	118 N. CLINTON ST. #100		STREET ADDRESS	154 W Hubbard St. Suite 500	
CITY-ST-ZIP	CHICAGO IL 60661		CITY-ST-ZIP	Chicago, IL 60610	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDA, PERRY H		NAME	Ruda, Perry H	
STREET ADDRESS	118 N. CLINTON ST., #100		STREET ADDRESS	555 W Madison St. Atrium Level S.	
CITY-ST-ZIP	CHICAGO IL 60661		CITY-ST-ZIP	Chicago, IL 60661	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, HOWARD J		NAME	Siegel, Howard J	
STREET ADDRESS	118 N. CLINTON ST. #100		STREET ADDRESS	140 S. Dearborn, Suite 1400	
CITY-ST-ZIP	CHICAGO IL 60661		CITY-ST-ZIP	Chicago, IL 60603	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Lawrence D. Schiller PRESIDENT 3/3/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
LAWRENCE D. SCHILLER

CR2E034 (9/99)