

2001 UNIFORM BUSINESS REPORT (UBR)

0242288

DOCUMENT # F95000004458

1. Entity Name

CELLULAR REALTY ADVISORS, INC.

FILED

01 JAN 10 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE EAST BROWARD BLVD
SUITE 601
FT. LAUDERDALE FL 33301

Mailing Address

ONE EAST BROWARD BLVD
SUITE 601
FT. LAUDERDALE FL 33301

2. Principal Place of Business

ONE EAST BROWARD BLVD

Suite, Apt. #, etc.

SUITE 601

City & State

FORT LAUDERDALE - FL

Zip

33301

USA

3. Mailing Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

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

SCHILLER, LAWRENCE D
6710 ROYAL ORCHID CIRCLE
DELRAY BEACH FL 33446

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

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

TITLE	PDC	<input type="checkbox"/> Delete
NAME	SCHILLER, LAWRENCE	
STREET ADDRESS	1 E BROWARD BLVD STE 601	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARX, SIDNEY J	
STREET ADDRESS	154 W HUBBARD ST STE 500	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUDA, PERRY H	
STREET ADDRESS	555 W MADISON ST ATRUIM LEVEL S	
CITY-ST-ZIP	CHICAGO IL 60661	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, HOWARD J	
STREET ADDRESS	140 S DEARBORN STE 1400	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS TO OFFICERS AND DIRECTORS

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
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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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE D. SCHILLER
PRESIDENT - 1/05/01-(954)453-

Date

Daytime Phone #

2700

CR2E034 (10/00)