

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

05/7/09 AT

DOCUMENT # F99000003918

1. Entity Name

NATIONAL REALTY SERVICES, INC.

04-07-2002 90061 023 ***150.00

Principal Place of Business

**4415 FIFTH
 PITTSBURGH PA 15213**

Mailing Address

**4415 FIFTH
 PITTSBURGH PA 15213**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-1472701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2002 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	C	<input type="checkbox"/> Delete
NAME	BASKIN, SEYMOUR	
STREET ADDRESS	4415 FIFTH	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	VC	<input type="checkbox"/> Delete
NAME	KAMIN, MARVIN	
STREET ADDRESS	4415 FIFTH	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, JAMES	
STREET ADDRESS	4415 FIFTH	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	BALSINGER, WILLIAM E	
STREET ADDRESS	4415 FIFTH	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELLINO, KATHLEEN	
STREET ADDRESS	4415 FIFTH	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	CONNOR, DIANE	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH PA 15213	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Kathleen Bellino **Kathleen Bellino**

3/26/02 **3/26/02**

412-518-7800 **412-518-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)