

# 2000. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005066

1. Entity Name

COMMONWEALTH REALTY, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90014 034 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O TG SERVICES, INC.  
P.O. BOX 186  
EAST BRUNSWICK NJ 08816

C/O TG SERVICES, INC.  
P.O. BOX 186  
EAST BRUNSWICK NJ 08816-0186

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

22-3665540

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 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 CD ☐ Delete  
NAME TRUMP, JULIUS  
STREET ADDRESS 4000 ISLAND BLVD.  
CITY-ST-ZIP AVENTURA FL 33160

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

TITLE CD ☐ Delete  
NAME TRUMP, EDDIE  
STREET ADDRESS 4000 ISLAND BLVD.  
CITY-ST-ZIP AVENTURA FL 33160

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

TITLE VSTD ☐ Delete  
NAME LIEB, JAMES  
STREET ADDRESS 4000 ISLAND BLVD.  
CITY-ST-ZIP AVENTURA FL 33160

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

TITLE V ☐ Delete  
NAME WEISS, KEN  
STREET ADDRESS 4000 ISLAND BLVD.  
CITY-ST-ZIP AVENTURA FL 33160

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition  
TITLE AVP  
NAME Carite Torpey  
STREET ADDRESS C/O TG Management 4000 Island Blvd.  
CITY-ST-ZIP Aventura, FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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  
Carite L. Torpey, AVP

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4/25/00

732 390-9400