2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F9900005259 DOCUMENT

1. Entity Name

FAIRWAY REAL ESTATE ENTERPRISES, INC.



Mar 07, 2003 8:00 am Secretary of State **FILED**

03-07-2003 90386 001 *1,050.00

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City & State Country	2. Principal Place of Business				3. Mailing Address									
Section Sect	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Coce 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 acc the obligations of registered agent are till appacable. FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State INCIT. Registered Agent signature residence when reretating) DATE FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State INCIT. ST. PP TILE NAME SINEER ADDRESS OTH ST. PP DEERFELD BEACH FL 33441 TILE NAME SINEER ADDRESS OTH ST. PP TILE NAME SINEER ADDRESS OTH ST.	City & State				y & State		4	. FEI Nu	^{imber} 58-250	0160		Applied For Not Applicable		
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1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code							Name							
City FL Zip Code								*Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accident to be obligations of registered agent. SIGNATURE Signature. Speak or registered agent and see it applicable. (MOTE Registered Agent signature resulted when revealating) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS ITTLE ITTLE													`	
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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:

JOHN T. Meehan

Date

954-418-5500

Daytime Phone #