

Feb 06 02 04:11p

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90053 029 ***150.00

DOCUMENT # G04665

1. Entity Name
PRADEN REALTY, INC.

Principal Place of Business
**C/O MARK I. BLUMSTEIN
33 N.E. 2ND STREET., STE 101
FT. LAUDERDALE FL 33301
US**

Mailing Address
**C/O MARK I. BLUMSTEIN
33 N.E. 2ND STREET., STE 101
FT. LAUDERDALE FL 33301
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0345971

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BLUMSTEIN, MARK I ESQ.
33 N.E. 2ND STREET., STE 101
NORTHMARK BLDG
FT. LAUDERDALE FL 33301**

Name
Blumstein, Mark Esq.
Street Address (P.O. Box Number is Not Acceptable)
4040 Sheridan Street
City
Hollywood FL Zip Code
33021

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

Mark Blumstein

2-26-02

Signature, typed or printed name of registered agent and file number

(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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added in Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CHAPIRO, LUISA
2401 S. OCEAN DRIVE
HOLLYWOOD FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHAPIRO, RAFAEL
2401 S. OCEAN DR.
HOLLYWOOD FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

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 I am empowered.

SIGNATURE:

Luisa K. Chapiro

Luisa K. Chapiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE AND PHONE #

CR2E034 (9/01)