

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90363 032 ***150.00

DOCUMENT # 609299
1. Entity Name ERETZ REALTY, INC. ✓

Principal Place of Business 17101 NE 6 AVE
 NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State
Zip Zip **Country** Country

4. FEI Number 59-2242734 ☐ **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0070919

6. Name and Address of Current Registered Agent
 JOSHUA S. GALITZER
 17101 NE 6 AVE
 N. MIAMI BEACH, FL 33162

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 re-instating) **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**

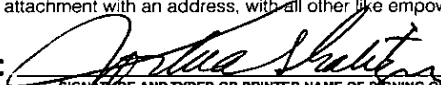
11. OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	P/T/D DEBORAH M. GALITZER 5372 SW 34 WAY HOLLYWOOD FL 33312
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	D/S JOSHUA S. GALITZER 5372 SW 34 WAY HOLLYWOOD FL 33312
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/26/01** **305 653 3535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 JOSHUA S. GALITZER

CR2E034 (11/00)