

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G31317

1. Entity Name

ADVANCED REALTY SERVICES OF BROWARD, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90818 026 ***150.00

Principal Place of Business

Mailing Address

~~200 S. UNIVERSITY DR.
PLANTATION FL 33324~~

~~200 S. UNIVERSITY DR.
PLANTATION FL 33324~~

1221 BRICKELL AV. #902
MIAMI, FL. 33131

2. Principal Place of Business

3. Mailing Address

1221 BRICKELL AV.
Suite, Apt. #, etc.
902

1221 BRICKELL AV.
Suite, Apt. #, etc.
902

City & State
MIAMI FL.

City & State
MIAMI, FL.

Zip Country
33131 USA

Zip Country
33131 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2273453

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

CHANG, DORIS LOY
~~200 S. UNIVERSITY DR.
PLANTATION FL 33324~~

185 S.E. 14 Te
1410
MIAMI, FL 33131

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 Doris L. CHANG, Pres.

4/27/2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME CHANG, DORIS LOY
STREET ADDRESS 185 S.E. 14 TERR #1410
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE ST
NAME CHANG, DORIS LOY
STREET ADDRESS 185 S.E. 14 TE #1410
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 like empowered;

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001 305-377-8750
Date Daytime Phone #

CR2E034 (10/00)