FILED

Feb 03, 2003 8:00 am

Secretary of State

02-03-2003 90119 039 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## G36037 DOCUMENT #

1. Entity Name

SULZBERGER REAL ESTATE, INC.

changed, or on an attachment with

SIGNATURE:

address, with all other like empowers

**(:** RII

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Principal Place of Business Mailing Address % BEVERLEY R. SULZBERGER % BEVERLEY R. SULZBERGER 44UU141Z 1090 KANE CONCOURSE, SUITE 205 1090 KANE CONCOURSE, SUITE 205 BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2280627 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_\_\_\_\_\_\_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SULZBERGER, BEVERLEY R. Street Address (P.O. Box Number is Not Acceptable) 1090 KANE CONCOURSE, SUITE 205 BAY HARBOR ISLANDS FL 33154 City Zip Code 8. The above named entity submits this statement for the purpse of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent. 1-30-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SULZBERGER, BEVERLEY R NAME NAME 1090 KANE CONCOURSE #205 STREET ADDRESS STREET ADDRESS BAY HARBOR ISLD, FL00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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